WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAY 27 1936

Do not use this space.

16799

1. PLACE OF DEATH
County: St. Louis — Registration District No.: 790 — File No.:
Township: Clayton — Primary Registration District No.: 60339 — Registered No.: 128
City: Clayton (No. St Louis Co. Hosp St. Ward)

2. FULL NAME: Helen Ford
(a) Residence, No. Maryland Heights St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amon Ford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 13-1912
7. AGE: YEARS 23 — MONTHS 4 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 3/26/36
11. Total time (years) spent in this occupation: 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wallas, Tex.

FATHER
13. NAME: Walter Hathaway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

MOTHER
15. MAIDEN NAME: Ida Bush
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT (ADDRESS): Amon Ford, Robertson, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fee Fee Cem. DATE: 4-5-1936
19. UNDERTAKER (ADDRESS): Bauman Bros Inc. Overland, Mo.
20. FILED: 4/3 1936 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/3, 1936
22. I HEREBY CERTIFY, That I attended deceased from 3/28, 1936, to 4/3, 1936
I last saw her alive on 4/3, 1936 Death is said to have occurred on the date stated above, at 1.55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type I	March 28, 1936

Other contributory causes of importance:

Name of operation: None — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) St Louis Co Hosp.