

AUG 11 1936

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

Do not use this space.

27549

## 1. PLACE OF DEATH

County St. Louis  
Township State Run  
City Wardell (No. \_\_\_\_\_)

Registration District No. 1099  
Primary Registration District No. 5868

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Bessie Le Ford

(a) Residence, No. Wardell Mo. St. Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>F</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1924</u>		
7. AGE YEARS <u>11</u>	MONTHS <u>11</u>	DAYS <u>1</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Schoolgirl</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Same</u>
	10. Date deceased last worked at this occupation (month and year) <u>July 1936</u>
11. Total time (years) spent in this occupation <u>4y</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgely Tenn13. NAME Louis Ford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Tenn15. MAIDEN NAME Lillian Porter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgely Tenn17. INFORMANT Police Strong  
(ADDRESS) Wardell Mo18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Cem DATE 7-19 193619. UNDERTAKER Smith  
(ADDRESS)20. FILED 8-8-36 J. H. Chesney  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:

Exhausted to death Date of onset 7-19-36Other contributory causes of importance: WHouse Caught fire while in bed

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? ✓ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7-19 1936Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury New homeNature of injury Burn24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. H. Rhodes Coroner, M. D.(Address) Wardell Mo

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.

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