

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

**FEB 8 1937**  
Registration District No. ....  
Primary Registration District No. 1003  
(No. 2340, S. 18th St. .... Ward)

File No. 49396  
Registered No. 1262  
St. .... Ward)

**2. FULL NAME** Stillborn Infant Ford

(a) Residence, No. 2340 South 18th St., 23 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female | White | -----

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 28, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
Stillborn				

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	--
	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).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

MOTHER | 13. NAME John Ford

FATHER | 14. BIRTHPLACE (CITY OR TOWN) Shannon County, Misso  
(STATE OR COUNTRY)

MOTHER | 15. MAIDEN NAME Mamie Mann

FATHER | 16. BIRTHPLACE (CITY OR TOWN) Annapolis, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Mother Mamie Ford  
(ADDRESS) 2340 South 18th St.

18. BURIAL CREMATION, OR REMOVAL BY  
PLACE St. Louis University School DATE 11-28-36 19

19. UNDERTAKER Anatomical Board  
(ADDRESS)

20. FILED JAN 28 1937 J. A. Brebeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-28-36, 19....., to 11-28-36, 19.....

I last saw h..... alive on stillborn, 19..... Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Prematurity (20 weeks)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None 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) R. V. Brack, M. D.

(Address) 1325 S. Grand

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.

