

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

File No. 2956

Township Webster

Primary Registration District No. 452 Gray Ave

Registered No. 15

2. FULL NAME Elizabeth Luella Ford

(a) Residence, No. 452 Gray St., Webster Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Frank B. Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1859

7. AGE YEARS 77 MONTHS 9 DAYS 15 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 26 yrs

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord, New Hampshire

13. NAME Phillip Nichbourn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord, New Hampshire

15. MAIDEN NAME Mary Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord, N. H.

17. INFORMANT (ADDRESS) Trisham B. Ford, 43 Kendall Ave, Maplewood, N.J.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb 2 1937

19. UNDERTAKER (ADDRESS) Palmer Undertaking Co, Webster Springs, Mo.

20. FILED 2-2- 1937 Jules R. Gore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1937

22. I HEREBY CERTIFY that I attended deceased from 9:6 1930, to Jan 31 1937

I last saw her alive on Jan 31 1937 Death is said to have occurred on the date stated above, at 12:15 AM

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

Chronic Myocarditis

Other contributory causes of importance:

Asteria schistosomii

Name of operation None 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? 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? None If so, specify:

(Signed) W. J. Lamb, M. D.

(Address) 6651 Enright Ave

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.

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