

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No.....)

St. John's Hospital

File No.....

10655

Registered No.....

3229

St.....

Ward.....

2. FULL NAME Effie Quick Ford(a) Residence, No. 4605 Lindell Blvd.St., 12

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

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Female

White

Married

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

Frank P. Ford

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

Feb. 12, 1879

7. AGE

YEARS

MONTHS

DAYS

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.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Illinois

13. NAME

Isviah Quick

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Illinois

15. MAIDEN NAME

Frances Pickens

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Illinois

17. INFORMANT  
(ADDRESS)Frank P. Ford  
4605 Lindell Blvd.18. BURIAL, CREMATION, OR REMOVAL  
PLACE

Decatur Ill.

DATE

3-25-37

19

19. UNDERTAKER  
(ADDRESS)Arthur J. Donnelly  
3840 Lindell Blvd.

20. MAR 24 1937

19

J. B. Bredeck

Registrar.

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

May 7 4 1937

22. I HEREBY CERTIFY, That I attended deceased from

Mar 15 1937, Mar 4 1937

I last saw him alive on Mar 23 1937

Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Arterial Thrombosis  
Dementia

Date of onset

Mar 15-37

Mar 17-37

Other contributory causes of importance:

Hypertension (arterial)  
Nephritis (chronic)

about 1931

about 1931

Name of operation

What test confirmed diagnosis? Physical Exam. Date of test

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? No

If so, specify

(Signed)

(Address)

Robert G. Warner M.D.  
1020 Paul Brown Bldg. Dist. 10

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION  
FATHER  
MOTHER  
899  
22

Paul Simon *in*