

MAY 7 1937

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

Do not use this space.

14146

3642

## 1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St Louis Mo (No. City Hosp # 2)

File No.....

Registered No.....

St. .... Ward)

2. FULL NAME Ada Sandford(a) Residence, No. 2623<sup>rd</sup> Lawton St., 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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)

FemaleColWidow

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

Widow6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1891

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

46019

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

House work

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

own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lowprachtree  
(STATE OR COUNTRY) Ala13. NAME Frank Williams14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)15. MAIDEN NAME Reachel Morzett16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)17. INFORMANT Mary Jenkins  
(ADDRESS) 2623<sup>rd</sup> Lawton

18. BURIAL CREMATION, OR REMOVAL

PLACE Father DicksonDATE 4/5/

1937

19. UNDERTAKER Ellis Funeral Home  
(ADDRESS) 2F-20 Standard

20. FILED

APR 5 1937

J. T. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1937

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 2:35 p.m.

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

Date of onset

Labes pneumonia

Other contributory causes of importance:

Name of operation.....

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 ifNature of injury if

24. Was disease of injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Alfred J. Gray, M.D.(Address) Wepth, Colorado

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

8992

1937

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1891

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