

MAY 7 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.

Township

City St. Louis, Mo. (No.)City Hospital No. 791
1003

File No.

14319

Registered No.

3815

St. Ward)

2. FULL NAME Shedrick Buford(a) Residence, No. 2418 Glasgow St., 20 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 18677. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Unemployed)

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia13. NAME Frank Buford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia15. MAIDEN NAME Jane (unknown)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.18. BURIAL, CREMATION, OR REMOVAL Father Dickson DATE April 12, 193719. UNDERTAKER W.M.C. McDowell
(ADDRESS) 3506 Franklin Ave20. APR 10 1937 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7- 193722. I HEREBY CERTIFY, That I attended deceased from 4-4- 1937 to 4-7- 1937I last saw her alive on 4-7- 1937 Death is saidto have occurred on the date stated above, at 2: P. m.

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

Hypertensive Heart Disease Date of onset 4-4-37Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Clinical 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) A. J. Lewis, M. D.(Address) 2945 Lawton 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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