

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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. Deaneess Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 18236
Registered No. 4812
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Joseph Ford
(Usual place of abode) New Haven Mo. St. NR Ward. New Haven Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Joseph Ford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3, 1862</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>11</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad Agent</u>		11. Total time (years) spent in this occupation <u>49 yrs</u>
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) <u>1937</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cambridge Indiana</u>		
13. NAME <u>John Ford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Martha Sedgess</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT (ADDRESS) <u>August S. Riches New Haven Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Haven Mo</u> DATE <u>4-21-37</u>		
19. UNDERTAKER (ADDRESS) <u>Life Saver & Son New Haven Mo</u>		
20. FILED <u>MAY 11 1937</u> <u>J. Bredeck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10 1937, to April 18 1937
I last saw him alive on April 7 1937. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:
Thrombosis of Superior mesenteric artery
Gangrene of bowels
Other contributory causes of importance:
Arteriosclerosis
Anger of bowels due to thrombosis of mesenteric artery.
Name of operation Resection of bowels Date of April 19
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?
If so, specify _____
(Signed) W. H. Kump M. D.
(Address) 3508 Russell

5329

Dr. Hempelmann ✓
Dr. Kutz

JUL 27 1945

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1931-4-1
1862-5-3
94-9-15