

REC'D NOV 16 1938

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

34481

Do not use this space.

9467

1. PLACE OF DEATH

- (a) County..... Registration District No. 701
 (b) Township..... Primary Registration District No. 1008
 (c) City St. Louis, Missouri Street No. Unknown City Saint Louis St. Unknown
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Nelson Ford
 (a) Residence, No. 1319⁵ Ninth St St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Knight Ford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17, 1874
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 7 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year) About Jan, 36 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tennessee

13. NAME Taylor Ford
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John B. Varner, M.D.
 (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U. DATE 10-14 1938

19. FUNERAL DIRECTOR (NAME) W. Richter
 (ADDRESS) 3500 Rutgers St

20. FILER J. B. Budeck
 (Address) City, Saint Louis
 Local Registrar.

OCT 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19... to 10-5-38, 19...
 I last saw him alive on 10-5-38, 19... Death is said to have occurred on the date stated above, at 3:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Meningo Vascular Syphilis
7-36x

Date of onset

Other contributory causes of importance:

Arteriosclerosis 7-36x
Chronic Myocarditis 7-36x

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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) John B. Varner, M. D.
 (Address) City, Saint Louis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.