

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

Do not use this space.

6836

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township **St. Louis** Primary Registration District No. **1003** File No. ....  
 City **St. Louis** (No. **Bellefontaine Cemetery**) Registered No. **1794** St. .... Ward) .....

**2. FULL NAME**

(a) Residence, No. **Bellefontaine Cemetery** 6. Ward. (If nonresident give city or town and State)  
 (Usual place of abode)

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**

2. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rose Ford (nee Todd)**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 22, 1860**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**67 2 36**

**8. OCCUPATION OF DECEASED.**

(a) Trade, profession, or particular kind of work **Gate keeper at Bellefontaine Cem**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Thomas W. Ford**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Mass.**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Catherine Ward**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Maine**  
 (STATE OR COUNTRY)

14. INFORMANT **Mrs. Rose Ford**  
 (Address) **Bellefontaine Cemetery**

15. **FEB 18 1928** **Max C. Stankoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 19 1928**

17. I HEREBY CERTIFY, That I attended deceased from **March 12**, 1926, to **Feb. 17**, 1928, that I last saw him alive on **Feb. 17**, 1928, and that death occurred, on the date stated above, at **7:30 A. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**131 Nephritis chronic**

CONTRIBUTORY (SECONDARY) **124 W**  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? .....

1. DID AN OPERATION PRECEDE DEATH? **No** DATE OF .....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**

(Signed) **W. J. ...**, M. D.

, 19 (Address) **3602 W. Flourens Ave**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine** DATE OF BURIAL **Feb 20 1928**

20. UNDERTAKER **Math. Hermann & Son** ADDRESS **410 3/2 West Flourens & Ave.**

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.

EMMENT RECORD

PARENTS

