

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.

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

Do not use this space.

20888

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **City Sanitarium**)

File No.
Registered No. **5376**
St. Ward)

2. FULL NAME **Verna Radford**

(a) Residence, No. **5300 Arsenal St.** St. **13** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **10** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 20-1907**

7. AGE YEARS **25** MONTHS **3** DAYS **14** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Waitress 247**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **City Sanitarium**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Flat River** (STATE OR COUNTRY) **Missouri**

13. NAME **Alfred Jones**

14. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

15. MAIDEN NAME **Cora Mathews**

16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

17. INFORMANT **Milton Radford** (ADDRESS) **5300 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Flat River Mo** DATE **June 6 1932**

19. UNDERTAKER **A. W. McLaughlin** (ADDRESS) **1631 Missouri Ave**

20. FILED **LN - 6 1932** **Max Starkey** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4 1932**

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 **3.50pm**.

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

Septicoemia following abortion performed at hands of parties unknown to the Jury.

HOMICIDE.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **J. W. Decker** M. D.
(Address) **Def. Coron**

