

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.

SEP 13 1934

31095

1003

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis Mo. (No. 1740 A. CHOUTEAU AVE)

File No. 8390
Registered No.
St. Ward)

2. FULL NAME

CHARLES W. FORD

(a) Residence, No. 1740 A CHOUTEAU St. 72 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15-1894</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>2</u>	DAY <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) BROWNSTOWN
(STATE OR COUNTRY) INDIANA

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) ✓
(STATE OR COUNTRY)

15. MAIDEN NAME ✓

16. BIRTHPLACE (CITY OR TOWN) ✓
(STATE OR COUNTRY)

17. INFORMANT DR. J. B. CHILDS
(ADDRESS) 1740 A CHOUTEAU AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE BROWNSTOWN, IND DATE Aug 17, 1934

19. UNDERTAKER G. H. McLaughlin
(ADDRESS) 2301 Lafayette Ave

20. FILED IN J. B. Redick
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934 to Aug. 14, 1934.
I last saw him alive on Aug. 12, 1934. Death is said to have occurred on the date stated above, at 945 A.

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

Coronary Thrombosis
acute
945
77
945
Date of onset Aug. 12

Other contributory causes of importance:
General Arteriosclerosis

Name of operation none 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? no
If so, specify _____
(Signed) Hiram S. Leggett, M. D.
(Address) 3720 Washington Blvd - 8th

