

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

Do not use this space.

FEB 11 1936

41930

1. PLACE OF DEATH

County Registration District No. **791**
Township *St. Louis* Primary Registration District No. **008**
City *St. Louis* (No. *DeBauw Hospital*)

File No.
Registered No. **2**
St. Ward)

2. FULL NAME

Adelaide Rosemond Gifford
(a) Residence, No. *5256 Alcaath Ave.* St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 30, 1935*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Albert E. Gifford*

22. I HEREBY CERTIFY, That I attended deceased ~~man~~ *on Dec 30, 1935* to, 19...
I last saw her alive on *Dec 30, 1935* Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 21, 1875*

to have occurred on the date stated above, at *9:30 p.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 9 8 9

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

apoplexy Date of onset *12/30/35*

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)

11. Total time (years) spent in this occupation

Other contributory causes of importance: *General Hypertension*

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

Name of operation *none* Date of

MOTHER FATHER 13. NAME *William J. Mc Daniels*

What test confirmed diagnosis? *Clinical* Was there an autopsy?

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

15. MAIDEN NAME *Louisa LaPoint*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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

Date of injury, 19...
Where did injury occur?

17. INFORMANT *Albert E. Gifford* (ADDRESS) *5256 Alcaath Ave.*

(Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Jan. 3, 1936*

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) *Chas. A. Stewart 1227 Union Blvd.*

Manner of injury

20. FILED IN *1936* REGISTRAR *J. Bredeck*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Roland R. Menown*, M. D.
(Address) *5330 Geraldine*

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.

5330 ~~Guadalupe~~
Guadalupe