

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

Do not use this space.

16864

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City, St. Louis (No. Missouri Baptist Hospital St. Ward)

2. FULL NAME

John M. Ford
 (a) Residence, No. Avalon Hotel St. 17 Ward.
 (Usual place of abode) 339 N. Taylor yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine C. Ford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14th 1867</u>		
7. AGE <u>68</u>	YEARS <u>6</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Accountant</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) (STATE OR COUNTRY) <u>unknown Missouri</u>		
13. NAME <u>Ford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFANT (ADDRESS) <u>H. A. Ford 5257 Belmont Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>April 4th 1936</u>		
19. UNDERTAKER (ADDRESS) <u>C. R. Lupton & Sons 444 Olive St.</u>		
20. FILED <u>APR 2 1936</u> <u>J. W. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st 1936

22. I HEREBY CERTIFY, that I attended deceased from Mar 26, 1936, to April, 1936
 I last saw h. live alive on Mar 31, 1936 Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:
Bot Pulmonary Embolism
MI
 Other contributory causes of importance:
Atherosclerosis
hypertension
 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? No 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) M. Geo. Coplan, M. D.
 (Address) 5249 Raymond

Date of Report
4/1/36
8932

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

