

FORM SEP 12 1938

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

26946
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(d) Street No. Barnes Hospital
(e) Length of residence in city or town where death occurred yrs. mos. 18 da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Willis C Ford
(a) Residence, No. 300 University St. NR MAR TIN - TENN
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Kathleen Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
38 8 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Auto Agency
10. Date deceased last worked at this occupation (month and year) June 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Obine County Tennessee

13. NAME Woody Ford

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

15. MAIDEN NAME Emma Vaden

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

17. INFORMANT A. L. Ford
(ADDRESS) 4525 Lindell

18. BURIAL, CREMATION, OR REMOVAL PLACE Martin, Tenn DATE 8-8-1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 4111 Lindell Blvd.

20. FILED AUG 5 1938 J. B. Budeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1938, to 8-5, 1938

I last saw him alive on 8-5, 1938 Death is said to have occurred on the date stated above, at 10:55 A.M.

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

Pulver pneumonia
Infection of abdominal wall
Carcinoma of sigmoid
Date of onset 7-23
7-25

Other contributory causes of importance:
Mitral regurgitation of la. of colon

Name of operation Mitral regurgitation of la. of colon Date of 7-25

What test confirmed diagnosis? No Was there an autopsy? No

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 Spinal injury
(Signed) Barnes Hosp. St. Louis M. D.
(Address) Barnes Hosp. St. Louis

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.

STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

NOV 23 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.