

Ford Smith 1875-1878

Appointed to take Lonergan's place winter 1875. Failed to reorganize department.

Ford Smith was in Co. A., 17th Indiana Infantry during the war. Some war records apparently show his name as James ford Smith. Ford Smith was a lawyer, who was born 6 Mar 1842 in Granville, MA. He was a member of Frank Blair Post No. 1 in St. Louis. In 1923 he presented a paper to the Post entitled: *Abraham Lincoln: An Address*. This was published by Skaer Print Co. of St. Louis. At the time of his death, he lived at 5241 Enright Ave., St. Louis, Mo. On March 13, 1924, he passed away from chronic myocarditis. He is buried in Bellefontaine cemetery. His wife, Carrie [LN Unknown] preceded him in death.

CERTIFICATE OF DEATH IS VERY IMPORTANT.

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

Do not use this space.

9296

File No. 2630
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 222
Towship _____ Primary Registration District No. 1005
City St Louis

2. FULL NAME

Ford Smith
(a) Residence. No. 52 41 6 night ave, 9 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6th 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 0 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherborn Mass

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Paul Compton
(Address) 52 41 6 night ave

15. FILED 16 1922 Max G. Starckoff
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13th 1924

17. I HEREBY CERTIFY, That I attended deceased from March 8th 1924, to March 13th 1924, and that I last saw him alive on March 11th 1924, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (Chronic)
Septic
93 (duration) 90 mos. da.
CONTRIBUTORY intermittent - septic
(SECONDARY) (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical signs
(Signed) Thomas C. Burdick, M. D.
, 19 (Address) 406-9 Lundy Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL 3-15-1924

20. UNDERTAKER Wagoner ADDRESS 3621 Olive St.

Dr. Burdick