

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

Do not use this space.

9629

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **1913**)

File No.....
 Registered No. **2145**
 St. Ward

2. FULL NAME

(a) Residence. No. **4331 1/2 31st** St., Ward **9**
 (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Thomas P. Brown</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct 11, 1898</i>		
7. AGE	YEARS	MONTHS
	<i>48</i>	<i>4</i>
		DAYS
		<i>22</i>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <i>Housewife</i>		
(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) <i>St. Louis, Mo.</i>		
PARENTS	10. NAME OF FATHER <i>John J. Smith</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
	12. MAIDEN NAME OF MOTHER <i>Elizabeth W. Smith</i>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
14. INFORMANT <i>Thomas P. Brown</i> (Address) <i>4331 1/2 31st St.</i>		
15. FILED <i>MAR -1 1927</i> 19..... <i>Mar 6 Starostoff</i> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar. 2* 19 *27*
 17. I HEREBY CERTIFY, That I attended deceased from *Feb 21/27* 19... to *Mar 2* 19... and that I last saw her alive on *Mar 2 9 P* 19... death occurred, on the date stated above, at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:
Angina Pectoris
Acc. Dilatation of Heart

CONTRIBUTORY (SECONDARY)
Cy Gastritis
Catarhal (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
 WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *J. J. Kirsick*, M. D.
 (Address) *3106 1/2 Grand Blvd.*
 *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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Calvary Cemetery Mar 3 1927
 20. UNDERTAKER
J. J. Quinn
 ADDRESS *1525 Grand Blvd.*

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.

THIS IS A PERMANENT RECORD

