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.

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

Do not use this space.

10342

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2314a S.12th. St. ..... Ward)

File No. .....

Registered No. 2935

2. FULL NAME Margaret Jane Davies

(a) Residence. No. 2314a S.12th. St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. B. Davies

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24th. 1844.

7. AGE: 82 YEARS | MONTHS: 4 | DAYS: 0 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stubenville
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Richard Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Rebecca Maden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Chas Mackert.
(Address) 2314a S.12th. St.

15. FILED ..... 19.. Max C Starnoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March, 24th. 1927

17. I HEREBY CERTIFY, That I attended deceased from March 14th, 1927, to March 24th, 1927 that I last saw her alive on March 14th, 1927, and that death occurred, on the date stated above, at 5.15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Arterio-sclerosis

97

16

910

(duration) Nine yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senile Dementia

(duration) two yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Lawrence Thomson, M. D

III/25, 1927 (Address) 1808 Victor St.

*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: S.S. Peter & Pauls

DATE OF BURIAL: Mar. 26 1927

20. UNDERTAKER: Wacker-Helderle

ADDRESS: 2331 S Bdway.