

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

Do not use this space.

22695

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. 1225, Armstrong)
 Registered No. 6349 St. Ward)

2. FULL NAME Margaret Nirk
 (a) Residence, No. 1225 Armstrong St., 22 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 Female | **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 Wm. J. Nirk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

10. NAME OF FATHER Morris Fitzgerald

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

12. MAIDEN NAME OF MOTHER Helen Kennedy

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

14. INFORMANT Wm. J. Nirk
 (Address) 1225 Armstrong Ave

15. FILED 11 11 1927 Mary B. Start
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10th 1927

17. I HEREBY CERTIFY, That I attended deceased from June 21st, 1927, to July 10, 1927, that I last saw h. Er alive on July 19, 1927, and that death occurred, on the date stated above, at 10.25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Psychoneurosis

(duration) 2 (about) yrs. mos. da.

CONTRIBUTORY (SECONDARY) My
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRAIED
 IF NOT AT PLACE OF DEATH No

19. DID AN OPERATION PRECEDE DEATH No DATE OF No
20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. J. Booth, M. D.
7/11, 1927 (Address) 508 N 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 Calvary Cem **DATE OF BURIAL** 7-13-27

20. UNDERTAKER Peety Bros. 3029 Lafayette

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.

