

OCT 25 1927

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29397

1. PLACE OF DEATH

County *North*Registration District No. *905*Township *Allen*Primary Registration District No. *6846*City *St. Louis* (No. *1*)File No. *29397*Registered No. *29397*St. *1* Ward

2. FULL NAME

Mary E. McCreary(a) Residence. No. *1* St. *1* Ward. (If nonresident give city or town and State)

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

W

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

Married

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

Emory McCreary

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

Sept. 18-1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*72**11**28*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

housewife

(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)

Genoa, Mo.

10. NAME OF FATHER

Archibald Root

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Paradise Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

J. B. Brown, Denver, Mo.

15.

FILED

OCT 3, 1927

Lewis H. Long, Denver, Mo.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept. 16, 1927

17.

I HEREBY CERTIFY That I attended deceased from *April 10, 1927* to *Sept. 16, 1927*that I last saw him or her alive on *Sept. 8, 1927*, and that death occurred, on the date stated above, at *A* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Cerebral Hemorrhage**131* (duration) yrs. mos. ds. *3*

CONTRIBUTORY (SECONDARY)

Chronic nephritis(duration) *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Lewis H. Long*, M. D., 19 (Address) *Denver, Mo.*

*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

*Kent-Cemetery**Sept. 18, 1927*

20. UNDERTAKER

Brown Bros

ADDRESS

Denver

CRUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

