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

Do not use this space.

35108

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10258

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

City St. Louis (No. 5856 Enright St. ..... Ward)

2. FULL NAME Catherine Ford Nacy

(a) Residence. No. 5856 Enright St., 15 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. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: M. J. Nacy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 8-1865

7. AGE: Years 62 | Months 9 | Days 7 | 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): Milwaukee
(STATE OR COUNTRY): Wisconsin

PARENTS

10. NAME OF FATHER: Dennis Ford
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Catherine Hearney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Ireland

14. INFORMANT: Roscoe Anderson
(Address) 5856 Enright Ave

15. FILED NOV 16 1927, 19..... Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-15 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-25, 1923, to 11/15/, 1927 that I last saw her alive on 11-11-, 1927, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Apoplexy -

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

CONTRIBUTORY (SECONDARY): Chronic Myocarditis with Mitral + Aortic Regurgitations with Cardiac decompensation.
(duration) 6 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? in St Louis

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? no —

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) O. O. Smith, M. D

11/15, 1927 (Address) 536 N. Taylor. St Louis 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: Calvary
DATE OF BURIAL: Nov 17 1927

20. UNDERTAKER: Wagoner Und Co.
ADDRESS: 3621 Olive

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.