

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

Do not use this space.

38233

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003 File No.
 City St. Louis (No.) Registered No. 10877 St. Ward)

2. FULL NAME

Marcella M. Scully
 (a) Residence. No. 1813 E. Rausherbach St., 131 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. 11 mos. 27 da. How long in U.S., if of foreign birth 10 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 - 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>15</u>	<u>11</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at School
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Richard Scully</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Minnesota</u>
	12. MAIDEN NAME OF MOTHER <u>Adair Obermark</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Minnesota</u>

14. INFORMANT Richard Scully
 (Address) 1813 E. Rausherbach

15. FILED DEC - 23 1927 May C Starkoff
 19..... Registrar

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 3 1927 to Dec 3 1927 that I last saw her alive on Dec 3 1927, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23.0 (duration) yrs. mos. 1 da.

CONTRIBUTORY (SECONDARY) 3
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) D. J. Stuegel, M. D.
12/4, 1927 (Address) 1001 Federal

*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 <u>Calvary</u>	DATE OF BURIAL <u>Dec 6 1927</u>
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20. UNDERTAKER <u>W. L. May dell</u>	ADDRESS <u>1926 Allen</u>
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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

