

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

Do not use this space.

38344

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 232 - Hickory St. St. 22 Ward) Registered No. 11009

2. FULL NAME Mary Elizabeth Tata

(a) Residence, No. 2324 Hickory St. St. 22 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. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 1830

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
97 9 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife
 (b) General nature of industry, business, or establishment in which employed (or employer) Self
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wichita
 (STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Chas. Snellen

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Eva Belle Neill
 (Address) 2324 Hickory St.

15. FILED DEC -9 1927 May L. Starckoff
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) found Dead 12-8 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., 19....., and that that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
430 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) N.A. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 90 B
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. J. McDevor M.D.
19 1927 (Address) 517 E. Cornwell

*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 St. Matthew's Cemetery DATE OF BURIAL Dec 10 1927

20. UNDERTAKER McLaughlin ADDRESS 1631 Missouri

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.

