

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

Do not use this space.

38502

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township St. Louis Primary Registration District No. 1003 Registered No. 12179
 City St. Louis St. St. John's Ward

2. FULL NAME

Mary Mallon
 (a) Residence No. 3017 N. Newheaday 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. 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5th 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	52	3	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housemaid
 (b) General nature of industry, business, or establishment in which employed (or employer) Housework
 (c) Name of employer J. E. Moon

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

St. Louis
Illinois

10. NAME OF FATHER Hugh Malloy

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

12. MAIDEN NAME OF MOTHER Mary Murphy

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

14. INFORMANT Hugh Mallon
 (Address) 3017 N. Newheaday

15. FILED DEC 14 1927 Max C. Starbuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13th 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1927, to Dec 13, 1927
 that I last saw h. alive on Dec 13, 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, lobes
108 pleurisy
110B
 (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) 1010
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? lung. blood. sputum
 (Signed) Max C. Starbuck, M. D.
 Dec 14, 1927 (Address) 301 Toussaint Bldg

*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** 12/16 1927

20. UNDERTAKER W. P. Bellamy **ADDRESS** 2021 E. 12th St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

