

FEB 23 1928

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

Do not use this space.

2410

1. PLACE OF DEATH

County St. Louis
Township Central
City Overland

Registration District No. 989
Primary Registration District No. 6033 B
(No. 2506, G. Milton Ave St. Ward)

File No. _____
Registered No. 7

2. FULL NAME

Jennie Douglas Leahy

(a) Residence No. 2506 E. Milton St., 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 | 10 | 1875

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) Ireland
(STATE OR COUNTRY)

10. NAME OF FATHER James Douglas

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

12. MAIDEN NAME OF MOTHER Mary Newell

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

14. INFORMANT Christine Leahy
(Address) 2506 E. Milton

15. FILED 18 19. 28 Golla Gray, M.D. REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1927, to Jan 25 1928 that I last saw her alive on Jan 25 1928, and that death occurred, on the date stated above, at 12 (noon) m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis acute
93A 88 B
160

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) T. B. Mansfield, M. D.
Jan 8, 1928 (Address) 7400 Bristol

*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 Valhalla Mausoleum DATE OF BURIAL JAN 9 1928

20. UNDERTAKER C. R. Lupton & Son ADDRESS 4449 Olive St

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.

8900 Bristol Ave
St Johns Station



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