

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

Do not use this space.

2604

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 Registered No. 163
 City Stanis Mo (No. 225, Duchauquette St. Ward)

2. FULL NAME Bridget Cusick

(a) Residence. No. 225 Duchauquette St., 213 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-24-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 | 0 | 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

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

10. NAME OF FATHER Mr Brennan

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

12. MAIDEN NAME OF MOTHER Don't Know.

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

14. INFORMANT Bridget Cusick
 (Address) 225 Duchauquette St.

15. FILED 22-5-1928 Mayb. Starkes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-3-1928

17. I HEREBY CERTIFY, That I attended deceased from 1926, 1928
Jan 3, 1928
 that I last saw h. alive on Dec 28, 1927, and that death occurred, on the date stated above, at 8 a.m.

97 THE CAUSE OF DEATH* WAS AS FOLLOWS:
162 Arterio Sclerosis

(duration) 2 yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Sentry
 (duration) 9 yrs. mos. da.

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

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

WHAT TEST CONFIRMED DIAGNOSIS?
1/2 (Signed) C. E. Pinta, M. D.
 (Address) 1074 Gray

*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 Cemetery DATE OF BURIAL 1-6-1928

20. UNDERTAKER Wick Bros 2201 So Grand ADDRESS

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.

