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.

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

Do not use this space. 2750

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 324

City St Louis (No. 2033 Howard St St. ..... Ward)

2. FULL NAME Agnes Cleary

(a) Residence. No. 2033 Howard St St., 20 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4 - 1893

7. AGE: Years 35 | Months | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED 118
(a) Trade, profession, or particular kind of work Shoe-worker 130
(b) General nature of industry, business, or establishment in which employed (or employer) 93A
(c) Name of employer unknown

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

PARENTS

10. NAME OF FATHER John Cleary
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Catherine Cooney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Catherine Cleary
(Address) 2033 Howard St

15. FILED JAN 10 1928, 19 Max L. Starkeoff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Jan 8, 1928, that I last saw her alive on Jan 8, 1928, and that death occurred, on the date stated above, at 10 20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Parenchymatous nephritis with an acute myocarditis, acute Nephritis ducto an attack of La Grippe (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uraemia Coma
..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A F Henke M. D

Jan 9, 1928 (Address) 2206 Howard St

*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: Jan. 11th 1928

20. UNDERTAKER: Cullinane Bros | ADDRESS: 1702 Grand Ave

Dr. Hen[illegible]

1 to 2

2206 Howard St