R 28 1928

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

Do not use this space.

10560

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No. 37
Township Central — Primary Registration District No. 4470 — Registered No.
City University City (No. 7382 Northmoor St. Ward)

2. FULL NAME Annie Jessup Byrns
(a) Residence. No. 7382 Northmoor Dr. 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 Michael Byrns

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21, 1851

7. AGE: Years 77 — Months 2 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER John Gilmore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Jessup.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belfast Ireland.
(STATE OR COUNTRY)

14. INFORMANT Robert E Byrns
(Address) 3802 N Grand Blvd

15. FILED 3-27, 1928 E Lillian Bruns REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Mar 24, 1928 that I last saw her alive on Mar 24, 1928, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
930 / 290
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1407 Farrar St.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) J. G. Biedeck, M. D
March 26, 1928 (Address) 635 Missouri 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: March 28 1928

20. UNDERTAKER: Math Hermann & Son — ADDRESS: 4103 W Floussant Ca

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.