

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

Do not use this space.

10733

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **1716 S 3rd St**)

File No.
Registered No. **2544**
St. Ward)

2. FULL NAME

(a) Residence. No. **1716 S 3** St., **23** Ward.

Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U.S., if of foreign birth? **50** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>widow</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 7 - 1857**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, then hrs. or min.
76	11	29		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(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) *Germany*

10. NAME OF FATHER *unknown*

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

12. MAIDEN NAME OF MOTHER *unknown*

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

14. INFORMANT *Mary Grayton*
(Address) *3319 Wumbago St -*

15. FILED *-7 1928*
19 *Mar 6 1928*

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 6 1928*

17. I HEREBY CERTIFY That I attended deceased from *Jan 30, 1928* to *March 6, 1928* but I last saw her alive on *March 5, 1928* and that death occurred, on the date stated above, at *7:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation
131
92A (duration) *10* yrs. mos. ds.
CONTRIBUTORY *Chronic Nephritis*
(SECONDARY) (duration) *12* yrs. — mos. — ds.

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

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Physical Exam*
(Signed) *J. P. Cain, M.D.*

March 6, 1928 (Address) *2033 Lynch 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 DATE OF BURIAL
S St Peter & Paul *Mar 8 1928*

UNDERTAKER
Thomas Kulis ADDRESS *2986 Spravois*

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

