4 1928

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

Do not use this space.

14684

1. PLACE OF DEATH
County St Louis — Registration District No. 789
Township Central — Primary Registration District No. 60330
City ..... (No. 6411, Ridge Av St. ..... Ward)
File No. .....
Registered No. 110

2. FULL NAME Mary Hurney
(a) Residence. No. 6411 Ridge Ave 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 Hurney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: about 72 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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) ..... (STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: William Crcahan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Catherine Crcahan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs Orvin Shelby
(Address) 6411 Ridge Av

15. FILED 4/3, 1928 Rolla Bray, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-2 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/25, 1928, to 4/2, 1928, that I last saw her alive on 4/1, 1928, and that death occurred, on the date stated above, at 5:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage (apoplexy) (duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 17404
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John D Poe, M.D.
4/3, 1928 (Address) 1492 Hodiamont Av.

*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: 4-4 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

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.

Dr John D Rose

1492a Hodsamont —

Cab 4740

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