

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

Do not use this space.

14785

1. PLACE OF DEATH

County.....
Township.....
City St Louis (No. 1302)

Registration District No. 791
Primary Registration District No. 1003
Dolan

File No.....
Registered No. 3640
St..... Ward.....

2. FULL NAME

(a) Residence. No. St. 23 Ward.....
(Usual place of abode)

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. (If nonresident give city or town and State)

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 OF (OR) WIFE OF Frank Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50-4-19

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) St Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Patrick Norris

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

12. MAIDEN NAME OF MOTHER Catherine Fleming

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

14. INFORMANT Mrs Nellie Ansdell
(Address) 1302 Dolan

15. APR -2 1928 Max C. Stankoff
FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr -10-1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to March 29, 1928 that I last saw h. e. alive on March 29, 1928 and that death occurred, on the date stated above, at 110 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of bladder
of abdomen.
(duration) 1 yrs. 5 mos. 5 ds.

CONTRIBUTORY Chronic myocarditis
(SECONDARY) (duration) 5 yrs. 5 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH..... (City) Kent

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 1927

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Lab & Physical
(Signed) Arthur C. Stankoff, M. D.
, 1928 (Address) 3202 Park

*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 Babray DATE OF BURIAL 4-4 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

H. 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.

