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.

18495

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2215 Park ..... St. ..... Ward)

File No. .....

Registered No. 4843

2. FULL NAME Hattie (ODell) Cahill

(a) Residence. No. 2215 Park St., 23 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mr. Wm. ODell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 14, 1887

7. AGE: Years 40 | Months 2 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Actress

(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): Luther Mich.

PARENTS

10. NAME OF FATHER: Joseph Whiting

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Wm Cahill
(Address) 2215 Park

15. FILED MAY -3 1928 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May. 1. 1928.

17. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1928, to May 1, 1928 that I last saw her alive on Apr 30, 1928, and that death occurred, on the date stated above, at 11.15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute Gastritis

1220 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cirrhosis of liver (alc) (duration) 2 yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W Moore, M. D

5 2, 1928 (Address) 1336 Franklin

*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: Oak Grove Cem.

DATE OF BURIAL: 5/4 1928.

20. UNDERTAKER: McLaughlin

ADDRESS: 1631 Missouri