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.

21740

1. PLACE OF DEATH

County St. Louis County — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 603303 — Registered No. 184

City (No. St. Vincent's Sanitarium St. Ward)

2. FULL NAME Mrs. Sue Kirkpatrick

(a) Residence. No. St Vincents Sani St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas C. Kirkpatrick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 - 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	"	10	10	

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) Ripley
(STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER Thomas Scott

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

12. MAIDEN NAME OF MOTHER Unknown - Md

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

14. INFORMANT Sister Raphael, Supt.
(Address) St. Vincent's Sanitarium

15. FILED 6/14 1928 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to June 12, 1928 that I last saw her alive on June 12, 1928, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

93C 90B
164

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senile Psychosis

(duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Eugene J. O'Malley, M.D.

June 13, 1928 (Address) Metropolitan Bldg St Louis

*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 Ripley - Tenn — DATE OF BURIAL June 14th 1928

20. UNDERTAKER C. R. Lupton — ADDRESS 4449 Olive St