

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.

22231

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

Township.....

Primary Registration District No.....

City.....St. Louis,(No. 4346 Norfolk av.,

File No.....

Registered No.....

6416

St. Ward)

2. FULL NAMEMargaret C. Mourton,

(a) Residence. No.....

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)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF**John F. Mourton**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**1848-11-30**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

79616**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)

Housewife

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

PARENTS

10. NAME OF FATHERHy. Smith**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky**12. MAIDEN NAME OF MOTHER**Sarah Lowry**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky**14.**INFORMANT
(Address)Geo. D. Mourton14418 Swan av.**15.**FILED
JUN 17 1928Ray C. Hankins

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 16th, 1928**17.**I HEREBY CERTIFY, That I attended deceased from Sept. 20 1927, to June 16th, 1928that I last saw her alive on June 16th, 1928, and that death occurred, on the date stated above, at 10:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Gastritis
Gastric ulcer

(duration)

9 yrs.

mos. ds.

CONTRIBUTORY (SECONDARY)Not Known

(duration)

0 yrs.

mos. ds.

18. WHERE WAS DISEASE CONTRACTEDIF NOT AT PLACE OF DEATH: ✓DID AN OPERATION PRECEDE DEATH? No. DATE ✓WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

John A. The

M. D.

6/16/28 (Address) 6249 Washington 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**DATE OF BURIAL**Valhalla Cemetery6/18/ 1928**20. UNDERTAKER****ADDRESS**Wm. J. Hankins7129Ray C. Hankins

