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

Do not use this space.

22599

1. PLACE OF DEATH

County .... Registration District No. 791
Township St Louis Primary Registration District No. 1009
City (No. 2617 Pine St)

File No. 6828
Registered No. .... St. .... Ward)

2. FULL NAME Mary L McCrary

(a) Residence. No. 2617 Pine St. 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Married

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of William McCrary

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ...... min.
59	0	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(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) Ga

PARENTS

10. NAME OF FATHER Henry Stith

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

12. MAIDEN NAME OF MOTHER Sarah Powell

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

14. INFORMANT William McCrary
(Address) 2617 Pine

15. FILED ......, 19.... Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 26 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/9, 1928 to 6/26, 1928 that I last saw h er alive on 6/26, 1928, and that death occurred, on the date stated above, at 6 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endo-Carditis
115A
91A
(duration) ...... yrs. ...... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Acute Follicular Tonsillitis
(duration) ...... yrs. ...... mos. 10 ds.

1098

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) E. T. Taylor, M. D.

6/28, 1928 (Address) 3136 Chouteau

*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
Washington Park	6-30-1928

20. UNDERTAKER W S Wade Undg Co
ADDRESS 4202 Finney

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.

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