

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

Do not use this space.

22628

1. PLACE OF DEATH

County.....
Towship.....
City.....

Registration District No.

791

Primary Registration District No.

1003

File No.

Registered No.

6857

St.

Ward)

2. FULL NAME

(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

Richard L.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 21-1872

7. AGE

YEARS

MONTHS

DAYS

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

56

4

9

8. OCCUPATION OF DECEASED

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

House Wood

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

At Home

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

10. NAME OF FATHER

James Hay

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

12. MAIDEN NAME OF MOTHER

Margaret McHenry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

14.

INFORMANT
(Address)

Richard L. McConn
2622 Cass

15.

FILED

71 -2 1928

May O Stankley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 30 1928

17.

I HEREBY CERTIFY, That I attended deceased from ...
... to ...
that I last saw him alive on ...
death occurred, on the date stated above, at ...

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Parenchymatous
98C Nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

No

DATE OF

20. WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS

Chinair

(Signed)

H. H. Devine

M. D

6/31, 1928 (Address)

2342 Adams

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SURGICAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

N. La Halla

July 2 1928

28. UNDERTAKER

Cullen - Kelly

ADDRESS

4524
Easton

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.

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