

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.

22652

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 7993

City.....

St. Christian Hospital

File No.

Registered No.

6890

St. Ward)

2. FULL NAME

(a) Residence. No. 4843 Carter St. 10 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

SEX

Male

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

Dora Sheridan

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

May 8 - 1864

7. AGE

64

YEARS

1

MONTHS

23

IF LESS than 1

day, hrs.

or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Machinist

(b) General nature of industry,

business, or establishment in

which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cincinnati

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Dora Sheridan
4843 Carter St

15.

FILED

-2-1928

May 12 1928

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

April 1st 1928 to June 30 1928

that I last saw him alive on June 30 1928, and that

death occurred, on the date stated above, at 3:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous
nephritis

131

92A

CONTRIBUTORY

(SECONDARY)

Chronic endocarditis

18. WHEN WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

R. M. McQuinn, M. D.

, 19

(Address) 4356 Harwood

*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

St. Peter's Cemetery

July 3 1928

20. UNDERTAKER

ADDRESS

Strook & Quall

Natural Bridge

