

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 389
 Township St. Louis Primary Registration District No. St. Joseph Hospital File No. 23987
 City St. Louis (No. 1) Registered No. 3594
 St. 14 Ward 14

2. FULL NAME Mary Alice Casey
 (a) Residence No. 1110 Myrtle 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19 - 1870

7. AGE YEARS 57 MONTHS 9 DAYS 7 IF LESS than 1 day, hrs. or min.

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baltimore Maryland
 (STATE OR COUNTRY)

10. NAME OF FATHER Richard Hartman

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

12. MAIDEN NAME OF MOTHER Maria Edven

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

14. INFORMANT John Casey
 (Address) 1110 Myrtle Ave

15. FILED 7-24-28 19 28 St. M. Crave
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 19 28

17. I HEREBY CERTIFY That I attended deceased from May 6 19 27 to July 20 19 28
 that I last saw h. alive on 5-20 2:00 P 19 28, and that death occurred, on the date stated above, at 10 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetic mellitus
57 (duration) 3 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) diabetic coma (duration) yrs. mos. 1 ds.

18. WHERE 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) W. A. Cannon, M. D.
7/20 19 28 (Address) 630 Anglaise

*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 Cabarrus Cemetery DATE OF BURIAL 7/23 19 28

20. UNDERTAKER F. O. Donnell Co ADDRESS 3142 Main

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 CARE

