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

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.

28977

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 0003

City St Louis (No. 1438a Madison St St. ..... Ward)

File No. ..... Registered No. 8482

2. FULL NAME Nellie Kane

(a) Residence. No. ..... St., 26 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): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Kane

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 28 1875

7. AGE: Years 52 | Months 9 | Days 21 | 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) (STATE OR COUNTRY): St Louis

PARENTS

10. NAME OF FATHER: Thos Garland

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

12. MAIDEN NAME OF MOTHER: Eunice McCullough

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

14. INFORMANT: Mrs Myrtle Leisk
(Address) 1438a Madison St

15. FILED: 2 27 1928 19 Wm C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 11th, 1928, to death Aug. 19, 1928 that I last saw h... alive on August 16, 1928, and that death occurred, on the date stated above, at 1:20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
7931
(duration) 1 yrs. 4 mos. — ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

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? Sputum positive
(Signed) Edwin Sauter M. D
Aug. 20, 1928 (Address) 1331 No. 7th St

*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: Calvary

DATE OF BURIAL: 8-22 1928

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Nash St

Dr Sauter
1331 N 7° St

Lvent 1114 W
11-12