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

Do not use this space. 31706

1. PLACE OF DEATH

County .... Registration District No. 791 1003 File No. ......

Township St Louis Primary Registration District No. ...... Registered No. 8942

City ...... (No. ...... St. ...... Ward)

2. FULL NAME Barbara E. Hanley

(a) Residence. No. 3509 S. Spring av Ward 16
(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 29/1869

7. AGE: Years 59, Months 2, Days 4. If LESS than 1 day, ...hrs. or ......min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Thomas Keely
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...... (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...... (STATE OR COUNTRY): Ireland

14. INFORMANT: Tony Hanley
(Address) 3509 S. Spring av

15. FILED SEP -5 19.. Tony C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Sept 4, 1928, that I last saw her alive on Sept 4, 1928, and that death occurred, on the date stated above, at 1:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic & Mitral Regurgitation
(duration) ...... yrs. ...... mos. ...... ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
(duration) 1 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? Clinical Findings

(Signed) Dr. B. W. Klippel, M.D.
, 19 (Address) 3772 So Broadway

*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: Sept 6 1928

20. UNDERTAKER: Jno P Collins
ADDRESS: 918 N. Grand

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