

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

Do not use this space.

7824

1. PLACE OF DEATH

County St. Louis
Township W. 5
City St. Louis (No. 5439 Janet)

Registration District No. 784
Primary Registration District No. 603D

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5439 Janet St., _____ Ward. _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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) May 13 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 | 9 | 14 | _____

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) England

10. NAME OF FATHER Mrs. Barry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Frances Mulesley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT (Address) Julien Metcalf
5439 Janet

15. FILED 7-28-29 C. Schmidt REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Feb 27, 1929, that I last saw h.i.y. alive on Feb 26, 1929, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary thrombosis

82A
97 (duration) yrs. mos. ds.

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

18. WHETHER DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) _____

DID AN EPIDEMIC PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? ll

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. J. Turner M. D.

Feb 28, 1929 (Address) 4400 National Bldg Co

*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 Valhalla DATE OF BURIAL March 2 1929

20. UNDERTAKER Stroob & Lyson ADDRESS 4600 National Bldg Co

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.

MAR 27 1929

PERMANENT RECORD

