

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

Do not use this space.

7987

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 5935) Latus St. 6 Ward

File No. ....  
Registered No. 1603  
St. .... Ward

**2. FULL NAME**

Mabelle Anna McCracken  
(a) Residence. No. 5935 Latus St., 6 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertram C. McCracken

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
55 11 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife.  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Hickory  
(STATE OR COUNTRY) Penn.

10. NAME OF FATHER James A. McIlvaine

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

12. MAIDEN NAME OF MOTHER Martha M. Burney

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

14. INFORMANT Mr. B. E. McCracken  
(Address) 5935 Latus Ave.

15. FILED 2 1929 Mar. 2 1929 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-1-29 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Feb 1<sup>st</sup>, 1929  
that I last saw her alive on Feb 1<sup>st</sup>, 1929 and that death occurred, on the date stated above, at 36 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy (cerebral hemorrhage)  
46 E  
82 B  
(duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cancer of liver  
(duration) 3 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 1928  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS all usual  
(Signed) C. S. Johnson, M. D.

\*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 Cemetery DATE OF BURIAL Feb 4, 1928

20. UNDERTAKER E. Lmer Shepard 116 Hamilton ADDRESS

WRITE PAINLY, 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.

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Dr. Jungk,  
2278 S. Jeff.