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

Do not use this space.

8085

1. PLACE OF DEATH

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

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

City St Louis (No. 331 a St George Str St. ..... Ward)

File No.....

Registered No. 1737

2. FULL NAME Nettie May Marrah

(a) Residence. No. 331½ St George St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 1888.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	3	27	

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) Bonne Terre
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Daniel Marrah
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bonne Terre
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary Widman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bonne Terre
(STATE OR COUNTRY) Mo.

14. INFORMANT Andrew Marrah
(Address) 331½ St George St.

15. FEB -5 1929 Mary C Schlueter
FILED....., 19.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-14 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/3, 1929, to 2/14, 1929, that I last saw h... alive on 2/14, 1929, and that death occurred, on the date stated above, at 10 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
A Paralysis of Cerebar
Hemorrhage

82 hr (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Flu
(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? Physical Examination
(Signed) J. E. Stone, M. D.
2/5, 1929 (Address) Mo

*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	DATE OF BURIAL
Bonnie Terre Mo	Feb 6 1929
20. UNDERTAKER McLaughlin	ADDRESS 1631 Gravois

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.