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

Do not use this space.

8299

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 1950

City St. Louis (No. 4177a Flad ave. St. ..... Ward)

2. FULL NAME Margaret Dearborn

(a) Residence. No. 4177 Flad Ave. St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug. 8 – 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	6	2	

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) Yorkville
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Robert McMurtie

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

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT John Dearborn
(Address) 4177a Flad Ave.

15. FILED 11, 19 Max C. Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1929, to Feb. 10, 1929, that I last saw her alive on Feb 10, 1929, and that death occurred, on the date stated above, at 10:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
131
107A
139B (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Uraemia Chronic
Nephritis (duration) ..... yrs. ..... mos. 4 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 Laboratory Tests + Physical Signs
(Signed) Fred S. Perrings, M. D.
, 19 (Address) 1122 Wilmington Ave. St. Louis 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
Yorkville Ill.	Feb. 11 1929

20. UNDERTAKER	ADDRESS
Cullinane Bros.	1710 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.

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8
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1122 Wilmington