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

Do not use this space.

8522

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4521 Newberry Ter St. ..... Ward)

File No. ..... Registered No. 2188

2. FULL NAME Catherine A Smith.

(a) Residence. No. 4521 Newberry Ter St., 12 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	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22nd 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	10	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER Richard Forbs

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

12. MAIDEN NAME OF MOTHER Catherine Ryan

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

14. INFORMANT James H. Smith (Address) 4521 Newberry Ter

15. FILED FEB 17 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 15 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/1/24 ....., 19..., to 2/15/29, 19..., that I last saw h... alive on 2/14/29, 19..., and that death occurred, on the date stated above, at 1220 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis chronic

59

93C (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes mellitus

(duration) 10 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?

(Signed) C. O. Hall, M.D.

2/15/29, 19 (Address) Beaumont & Eddy

*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
Calvary	Febr 18 1929
20. UNDERTAKER	**ADDRESS**
Cullen & Kelly	4526 Easton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Talk
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