

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

Do not use this space.

8993

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City St Louis (No. 5652 Nebert)

File No.....  
Registered No. 2705  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 5652 Nebert St. 6 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 27 19 29

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

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... 3 30 P, 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 1853

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 6 11

Chronic Myocarditis  
930.

**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

CONTRIBUTORY (SECONDARY) N.M.A.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Wm Ponder

8 DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY? No.

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

WHAT TEST CONFIRMED DIAGNOSIS (Signed) John H. Hurley, M.D.

12. MAIDEN NAME OF MOTHER Don't know

2/28, 1929 (Address) Deputy Coroner

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

14. INFORMANT William Kinn (Address) 5652 Nebert St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chaffee Mo DATE OF BURIAL March 1 19 29

15. FILED 28 1929 Wm C. Stankley REGISTRAR

20. UNDERTAKER Bullen Kelly ADDRESS 4526 Easton

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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