96

MAY 2 1929

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

Do not use this space.

784

12096

1. PLACE OF DEATH
County St. Louis — Registration District No. ..... — File No. .....
Township Florissant — Primary Registration District No. 6030 — Registered No. .....
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary E. Buckley
(a) Residence. No. Florissant Mo. St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. 11 mos. 26 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 Patrick Buckley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1st 1863

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 55 | 11 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-wife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER John Carroll
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ellen Sweeney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

14. INFORMANT Mr Patrick Buckley
(Address) Florissant Mo.

15. FILED 3-28, 1929 O. N. Schuck REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 26, 1929, to Mch 26, 1929 that I last saw h. ie alive on Mch 26, 1929 and that death occurred, on the date stated above, at 12 00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes & Nephritis Chronic

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. C. Leggat, M. D.
3-28, 1929 (Address) Florissant 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 |
|---|---|
| St. Ferdinand | Mar 30 1929 |
| 20. UNDERTAKER | ADDRESS |
| Chas. Stuart | 5533 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.