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

Do not use this space.

File No. 12551

Registered No. 3076

1. PLACE OF DEATH

County ..... Registration District No. 791 1009

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

City St Louis (No. 5580 a Page Ave St. ..... Ward)

2. FULL NAME Sarah Reavley Kirby

(a) Residence. No. 5580 a Page St. 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 James Kirby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	6	11	

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

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

PARENTS

10. NAME OF FATHER Thomas Reavley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Elizabeth Lillmor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

14. INFORMANT W A Flesheman
(Address) 5580 a Page Blvd

15. FILED ..... 19..... Mary C Tarlesh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1929, to March 9, 1929, that I last saw h. alive on March 9, 1929, and that death occurred, on the date stated above, at 8:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arth Myocarditis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Joseph M Tagg, M. D

Mar 11, 1929 (Address) 433 Metropolitan Bldg

*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
Valhalla Cemetery	Mar 12, 1929
20. UNDERTAKER	**ADDRESS**
Drehmann Funeral	1905 Union

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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Metropolitan Bldg
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