WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

26241

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 7450

City St Louis Mo (No. Christian Hospital St. ..... Ward)

2. FULL NAME Eunice Leona McDaniel

(a) Residence. No. #5561 Delmar Blvd 5 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 J. S. McDaniel.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	3	25	

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) ..... (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Allen Pryor.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Mary Browen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Wisconsin

14. INFORMANT Beatrice M. McDaniel
(Address) #5561 Delmar Blvd.

15. FILED 1-3, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1929 to July 18, 1929 that I last saw h. n alive on July 17, 1929, and that death occurred, on the date stated above, at 3:15a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
99A (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Mitral Stenosis
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At residence
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & physical ex.

(Signed) D H Johnson, M. D.
7/18, 1929 (Address) 2435 N. Grand Av

*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	July 19 1929
20. UNDERTAKER	ADDRESS
C. R. Lupton	4449 Olive St

"2435 N Grand ave.