

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

Do not use this space.

29019

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis, Mo. (No. 1329) Galair Ave St. (Ward)

File No. 8129
 Registered No.

2. FULL NAME

Mathew (Maury) McMaury
 (a) Residence. No. 1329 - Galair Ave St. 25 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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Malinda McMaury</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 10th 1889</u>		
7. AGE <u>40</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Suburban</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer <u>not known</u>		

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

10. NAME OF FATHER John McMaury

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

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Malinda McMaury
 (Address) 1329 - Galair Ave

15. FILED Aug 19 Earl C. Starck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5th 1929
 17. I HEREBY CERTIFY, That I attended deceased from May 7th 1929, to Aug 5th 1929, that I last saw him alive on Aug 5th 1929, and that death occurred, on the date stated above, at 11:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sepsis
12/1/19 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. not known
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Broderick, M. D.
 , 19 (Address) 932nd W 14th St

*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 Washington Park Cemetery DATE OF BURIAL 8-11th 1929

20. UNDERTAKER A. L. Best and Co. ADDRESS 2726 Julia

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