

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

Do not use this space.

29249

1. PLACE OF DEATH

County..... Registration District No. 79
Township..... Primary Registration District No. 253
City St. Louis (No. 5573) Cates St. Ward)

File No.
Registered No. 8384
St. Ward)

2. FULL NAME

Mary Jeffrey Rowe
(a) Residence. No. 5573 Cates St. 5 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15-1873

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|-----------|----------|------|--|
| <u>55</u> | <u>11</u> | <u>1</u> | | |

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) Mississippi
(STATE OR COUNTRY)

10. NAME OF FATHER Edw S. Jeffrey

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

12. MAIDEN NAME OF MOTHER Medora Cadieu

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

14. INFORMANT Mrs Mary Jeffrey
(Address) 5573 Cates

REGISTRAR Miss J. V. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16th 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1928, to Aug 16, 1929, that I last saw her alive on Aug 15, 1929, and that death occurred, on the date stated above, at 8:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chr.
(duration) 1 yrs. mos. ds.
CONTRIBUTORY Cancer of Lungs secondary
(SECONDARY) to Cancer of Breast (duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF 1917

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) Joseph W. Larimore, M. D.

, 1929 (Address) 3720 Washington Ave

*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 Atton N. Y. DATE OF BURIAL Aug 20 1929.

20. UNDERTAKER CR Lupton ADDRESS 14149 Olive St

Dr. Lammert
3720 Washington
1250