MAR 28 1930

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

Do not use this space.

6324

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6 2 8 14 — Registered No. 39
City Richmond Hts Mo (No. St Mary's Hospital St. Ward)

2. FULL NAME Nora Giblin
(a) Residence. No. 5136a Lexington St., Ward. St Louis Mo
(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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard T Giblin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28-1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
63	5	24	

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) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Daniel Reardon
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Mary Loughlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Richard T Giblin
(Address) 5136a Lexington

15. FILED 2/22, 1930 C. F. Jesse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1930

17. I HEREBY CERTIFY, that I attended deceased from Jan 26, 1930, to Feb 21, 1930, that I last saw h... alive on Feb 21, 1930, and that death occurred, on the date stated above, at 6:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
Chronic Myocarditis
Chronic Interst. Tuberculosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis Diabetes Mellitus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R L Hamm, M. D.
Mar 1, 1930 (Address) Maryville Ch 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 Calvary Cemetery — DATE OF BURIAL 2/25 1930
20. UNDERTAKER Arthur J Dormelly — ADDRESS 2039 Wash St

Exact statement of OCCUPATION is very important. Write in plain terms, so that it may be properly classified.