

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

Do not use this space.

6601

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 701
Primary Registration District No. 1003
(No. 1318 Southfield)

File No.....
Registered No. 1417
St..... Ward.....

2. FULL NAME

(a) Residence. No. 1318 Southfield 6 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Nellie Marks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 - 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 6 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). City Jail
(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Nellie Marks (Address) 1318 Southfield

15. FILED FEB 20 1930 Ray C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1930, to Feb 7, 1930 that I last saw him live on Feb 7, 1930 and that death occurred, on the date stated above, at 6:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial chronic
92 yr
77

CONTRIBUTORY (SECONDARY) arterio-sclerosis (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF..... WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Ray M. Duffey M. D. Feb 8, 1930 (Address) 1432 N. Gaylen

*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 Cokary DATE OF BURIAL 2-11-1930

20. UNDERTAKER Beniel Nichols ADDRESS 1138 9th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE is very important.

5231

Dr. Duffey
1432 W. Taylor
3-14 P. 921.