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

Do not use this space.

17546

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Anthony Hospital St. ..... Ward)

File No. .....

Registered No. 4624

2. FULL NAME May Matthews.

(a) Residence. No. 7134 Alabama Ave. St. 1 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	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Thomas Matthews.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3, 1873.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	0	4	

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

23 5

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Edmond Hanifans.

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

12. MAIDEN NAME OF MOTHER Nora McCarthy.

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

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14. INFORMANT Edmond Hanifan
(Address) 7134 Alabama Av.

15. FILED ....., 19 Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to May 7, 1930 that I last saw her alive on May 7, 1930, and that death occurred, on the date stated above, at 8:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131

82A (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

129A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 7134 Alabama

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Owen J McGarvie, M. D.

, 19 (Address) 7605 Michigan

*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
Mt. Olive Cemetery	May 10, 1930.
20. UNDERTAKER Southern N. & L. Co.	ADDRESS 6320 S. Grand

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.