

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

X Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 11003  
City..... St. Louis (No. 2316 a) O'Fallon St. .... Ward)

File No. 17701  
Registered No. 4794  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Mary Kane St. 21 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 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 Walter Kane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1861

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. min.  
69 0 0 — — —

**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)..... (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Unknown Allen

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 Peter Kane (Address) 2316 a O'Fallon St

15. FILED 11 19 May C. Hankoff REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1930

17. I HEREBY CERTIFY, That I attended deceased from April 30 to May 15 1930 and that I last saw him alive on May 14 1930 and that death occurred, on the date stated above at 1:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Liver  
H&E

CONTRIBUTORY (SECONDARY) 44 lbs. (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 Biopsied  
(Signed) Geot. Cook, M. D.

May 15 1930 (Address) 1809 No 9 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 to obituary DATE OF BURIAL 5-17 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

Dr. Geo. C. ...

1809 71 9<sup>2</sup> A

11-3