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

Do not use this space.

31189

File No. 8783

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Primary Registration District No. 1003

Township

City St Louis Mo (No. 4315 Kensington Ave St. Ward)

2. FULL NAME Mary E. Forsythe

(a) Residence. No. 4315 Kensington Ave St., 18 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 Hugh Forsythe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	3	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Michael Fleming

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

12. MAIDEN NAME OF MOTHER Margaret Matlock

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

14. INFORMANT Hugh Forsythe
(Address) 4315 Kensington ave

15. FILED SEP 7 1930 Mae C. Starke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2...

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1930

17. I HEREBY CERTIFY, That I attended deceased from July 2 1930 to Sept 4 1930 that I last saw h.e.r. alive on Sept 4 1930 and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis

131

111 E (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General edema

Pulmonary (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. G. Nickas, M. D.

Sept 5, 1930 (Address) 5962 Maple

*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 Hiram Cemetery — DATE OF BURIAL Sept 8 1930

20. UNDERTAKER Manchester and Co Manchester ave — ADDRESS 4234

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.