NOV 28 1930

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

Do not use this space.

33905

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 176
City St Charles (No. Sacred Heart Academy St. Ward)

2. FULL NAME Mary Ellen Nolan
(a) Residence. No. 619 N. 2nd St., 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 11th 1868

7. AGE 62 YEARS — MONTHS 2 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Religious Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Religious of the Sacred Heart
(c) Name of employer: Supr. of Convent in St Charles

9. BIRTHPLACE (CITY OR TOWN) Chicago, Ill.
(STATE OR COUNTRY) United States

PARENTS
10. NAME OF FATHER Thomas Nolan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) /
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Ellen McDonnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Mother M. Reid
(Address) Maryville College St. Louis Mo

15. FILED 10/28, 1930 Hy. G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 25-30, 19.., to Oct 27, 1930 that I last saw her alive on Oct 27th 1930, and that death occurred, on the date stated above, at 4.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Agranulocytic Angina
115 P. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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? Blood examns
(Signed) H. Painter, M. D.
, 19 (Address) St Charles Mo.

*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: Sacred Heart Cemetery — DATE OF BURIAL: Oct 29 1930

20. UNDERTAKER: H. Dallmeyer & Son 60 — ADDRESS: St Charles Mo

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.