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

Do not use this space.

3987

File No. 791

Registered No. 1236

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5064 Euclid Ave St. Ward)

2. FULL NAME Mary Whyte

(a) Residence. No. St., 12 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 James Whyte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	X	X	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(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

PARENTS

10. NAME OF FATHER John Bagney

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

12. MAIDEN NAME OF MOTHER Annie Killey

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

14. INFORMANT James Whyte
(Address) 5064 Euclid a

15. FILED JAN 31 1931 Wm C. Hanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31st 1931

17. I HEREBY CERTIFY, That I attended deceased from November 17th, 1930, to Jan 31st, 1931, that I last saw h. alive on Jan 28th, 1931, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Stenosis
50
92A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma left Breast (duration) 2 yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF 2½ years ago
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? as above mentioned

(Signed) J. B. Kennihan, M. D.
Jan 31st, 1931 (Address) 4607 Easton

*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 Calvary Cemetery — DATE OF BURIAL Feb 2, 1931

20. UNDERTAKER Chas. L. Geaghty — ADDRESS 4259 Lindell

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.