MAR 27 1931

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7038

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 6248H — Registered No. 33

City Richmond Heights (No. 1618 Bellevue Ave St. Ward)

2. FULL NAME Katherine R. McAdam.

(a) Residence. No. 1618 Bellevue Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 18 - 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	6	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Richmond Va.

PARENTS

10. NAME OF FATHER Edward McAdam.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) County Clare (STATE OR COUNTRY) Ireland.
12. MAIDEN NAME OF MOTHER Katherine Dooley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kilkenny (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Frank D. DeBolt.
(Address) 1618 Bellevue Ave

15. FILED 2/7 1931 C. L. Jenkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1930, to Feb 6, 1931, that I last saw her alive on Feb 5, 1931, and that death occurred, on the date stated above, at 1 Pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
9VM
950
(duration) yrs. ? mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) yrs. ? mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Joseph McNearney, M. D.
, 19 (Address) 7171 Manchester Maplewood 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	DATE OF BURIAL
Calvary Cemetery	Feb-9 1931
20. UNDERTAKER	ADDRESS 7146
Croghan Und Co. Inc.	Manchester Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.