

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.

MAY 23 1931

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

Do not use this space.

13737

1. PLACE OF DEATH

36 County Franklin Registration District No. 295  
Township Meramec Primary Registration District No. 5415  
City (No. ) St. Ward

File No. 1  
Registered No. 23

2. FULL NAME

Mary M<sup>r</sup> Kane  
(a) Residence, No. Meramec Troy Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41-9 24-

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwood Mo

13. NAME James Center

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Truman Mo

15. MAIDEN NAME Josie Presley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Truman Mo

17. INFORMANT Robert Center  
(ADDRESS) 222 S. Clark St. St. Louis 11

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect Cem. DATE 4/21/1931

19. UNDERTAKER Casey & Co.  
(ADDRESS) 511 S. Clark St. St. Louis 11

20. FILED 5-18-1931 Registrar W. E. Mitchell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-10-30, 1930, to 4/29-31, 1931  
I last saw her alive on 4/27/31, 1931. Death is said to have occurred on the date stated above, at 4:49 a.m.  
The principal cause of death and related causes of importance were as follows:

Tuberculosis (lungs)  
235  
11th  
St. Louis  
1930  
Date of onset Spring 1930

Other contributory causes of importance:

flu-  
Name of operation Clinical Date of 4/29/31  
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 4, 1931

Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify W. E. Mitchell (Signed) M. D.

(Address) 511 S. Clark St. St. Louis 11

