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

Do not use this space.

19386

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

File No. .....

Registered No. 5334

City St. Louis (No. City Hosp. St. ..... Ward)

2062

2. FULL NAME Mary Markham

(a) Residence. No. 3011 N. Newstead Ward 10
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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	widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Norton Markham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18-1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	2	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nil at home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) North Platte
(STATE OR COUNTRY) Nebraska

PARENTS

10. NAME OF FATHER Harry Hall

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

12. MAIDEN NAME OF MOTHER Sarah Clay

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

14. Hospital Information
INFORMANT Grace Kopp
(Address) City Hospital

15. MAY -6 1931
FILED ....., 19.. Max C Harker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5th 1931

17. I HEREBY CERTIFY, That I attended deceased from May 4th, 1931, to May 5th, 1931 that I last saw her alive on May 5th, 1931, and that death occurred, on the date stated above, at 1:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Urinary Bladder
530
1330 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pyo Nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? 530

9 DID AN OPERATION PRECEDE DEATH? ..... DATE OF ..... (1)

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & autopsy

(Signed) Raymond Jacobs, M. D.

5/5, 1931 (Address) City Hospital

*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
Ellsbury Mo	5-6- 1931
20. UNDERTAKER	ADDRESS
Alexander & Sons	6175 Delmar

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.