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.

JUL 28 1931

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

Do not use this space.

22648

File No.
Registered No. 52

1. PLACE OF DEATH
County St. Louis Registration District No. 786
Township Central Primary Registration District No. 469
City Maplewood, Mo. (No. 2274 Yale Ave. St. Ward)

2. FULL NAME Esther M. Byrne.
(a) Residence, No. 2274 Yale Ave. 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1857

7. AGE: Years 74; Months; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Carlow - Ireland. 15

FATHER
13. NAME John Nolan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER
15. MAIDEN NAME Julia Lennan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT Mrs. Mary Maddock.
(ADDRESS) 2274 Yale Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Crem DATE June 10, 31

19. UNDERTAKER Crohan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED 6/8, 1931 Mercedes Schuster Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to June 7, 1931
I last saw her alive on June 7, 1931. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Mitral Regurgitation	
9277	
9270	

Other contributory causes of importance

(1) Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph McNearney, M. D.
(Address) Maplewood, Mo.