

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.

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

Do not use this space.

26382

791
1003

1. PLACE OF DEATH

County Registration District No.
Township St Louis Primary Registration District No. Emancip City Hosp #1 File No. 7524
City St Louis (No. Emancip City Hosp #1) St. 11 Ward) Registered No. 7524

2. FULL NAME

(a) Residence, (b) (Usual place of abode) 3773 Finney Ave St. 11 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Allie Plunkett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1851</u>		
7. AGE YEARS <u>abt. 50</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Wife</u>		
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) <u>St Louis Missouri</u>		
13. NAME <u>Patrick Powers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Allie Plunkett</u> (ADDRESS) <u>3773 Finney Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>July 6 1931</u>		
19. UNDERTAKER <u>Adrian J. Donnelly</u> (ADDRESS) <u>2039 West St</u>		
20. FILED <u>JUL - 5 1931</u> <u>Max Estabery</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1931

2. No Physician Attendance
I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:
191
Near Prostration

Other contributory causes of importance:
191

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jul Kerner M.D.
Address Dep. Coroner

7/5/31

General
Office