

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

Do not use this space.
2483
File No. _____
Registered No. **152**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **10033**
City **St. Louis** (No. **1806 Jeffersonville**)

2. FULL NAME

Hanora McLeod
(a) Residence, No. **1806 Jeffersonville** St. **20** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>Donald McLeod</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 2 - 1886</i>				
7. AGE	YEARS <i>75</i>	MONTHS <i>5</i>	DAYS <i>2</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>			
	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) <i>Ireland 15</i>				
MOTHER FATHER	13. NAME <i>Patrick Nester</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>			
	15. MAIDEN NAME <i>Bridget Dougherty</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>				
17. INFORMANT <i>Hell McLeod</i> (ADDRESS) <i>1806 Jeffersonville</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>Jan 6th 1932</i>				
19. UNDERTAKER <i>Gully and Bros</i> (ADDRESS) <i>1710 N. Grand Street</i>				
20. FILED <i>5</i> 1932 19. <i>Wm. Estlin</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 4*, 19*32*

22. I HEREBY CERTIFY That I attended deceased from *Mark*, 19*29* to *Jan. 4*, 19*32*
I last saw h. *u.* alive on *Jan 3*, 19*32*. Death is said to have occurred on the date stated above, at *1:40 p.m.*
The principal cause of death and related causes of importance were as follows:
Myocarditis Chronica Date of onset *1929*
arteriosclerosis
Other contributory causes of importance: *2*
arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis: *clinical* Was there an autopsy *no*

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 *phorodesis* M. D.
(Signed) _____ (Address) *5435 Easton*

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.

Dr. Greiner

5735 - Easton Ca

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