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.

2606

File No. 299

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. 7D

City ..... (No. 5219 Wells ..... St. ..... Ward)

2. FULL NAME Katherine Maire

(a) Residence, No. 5219 Wells St., 6 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leon C. Maire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1880

7. AGE: Years 51 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Farmington Iowa 2

FATHER

13. NAME Jacob Sherry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.

MOTHER

15. MAIDEN NAME Mary Strope

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Madison Iowa

17. INFORMANT Leon C. Maire
(ADDRESS) 5219 Wells

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 11 1932

19. UNDERTAKER Benoit & Neelen
(ADDRESS) 4454 N 6th St

20. FILED JAN 16 1932 Wm C Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1931, to Jan 7 1932

I last saw her alive on Jan 7 1932. Death is said to have occurred on the date stated above, at 9 30 P m.

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

	Date of onset
Myocarditis - Acute.	
93A	
127.3	
71B	

Other contributory causes of importance:
Cholecystitis.
Anemia

(1)

Name of operation X Date of

What test confirmed diagnosis? X Ray + Autopsy Was there an autopsy? Yes

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) D. Clemmey, M. D.

(Address) West Bldg.