

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

Do not use this space.

24720

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. Sanitarium)

File No.
Registered No. 6865
St. Ward

2. FULL NAME

Bridget Kane
(a) Residence, No. 1419 Barksfield St. Ward. 13
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 2, 1865</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>3</u>	<u>22</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>244</u>			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>11</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>				
FATHER	13. NAME <u>Richard Kane</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	15. MAIDEN NAME <u>Catherine Hayes</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	17. INFORMANT (ADDRESS) <u>Hubert P. Smith, 5400 Arsenal St.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walton</u> DATE <u>July 26, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Arthur J. H. ... 2039 ...</u>				
20. FILED <u>JUL 25 1932</u> <u>Miss ...</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1932

22. I HEREBY CERTIFY, That I (attended deceased from May 19, 1930, to July 23, 1932)
I last saw her alive on July 23, 1932 Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:
Arterio sclerosis Date of onset 1920
Chronic myocarditis 1920
Other contributory causes of importance: Chronic

Name of operation Date of
What test confirmed diagnosis? Cholesterol 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? no
If so, specify
(Signed) Hubert P. Smith, M. D.
(Address) 5400 Arsenal St.

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.

