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.

27590

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 27590

Township ..... Primary Registration District No. ..... Registered No. 7405

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Grace J Carley

(a) Residence, No. 3804 West Pine St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Nicholas Carley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 24th 1885

7. AGE: YEARS 47 | MONTHS 3 | 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. at Home

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): Maine

FATHER

13. NAME: Charles Booker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

MOTHER

15. MAIDEN NAME: Carrie Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

17. INFORMANT (ADDRESS): Nicholas Carley 813 Market St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Moines Ia 8-13 1932

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 2039 Wash St

20. FILED AUG 12 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1931, to August 11, 1932

I last saw her alive on August 11, 1932 Death is said to have occurred on the date stated above, at 6 P m.

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

Tuberculous peritonitis — Date of onset

25

1338 25

(1)

Other contributory causes of importance:

Chr. pyonephrosis

Name of operation Saparotomy & Drainage Date of 1-18-32

What test confirmed diagnosis? Usual 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) [signature], M. D.

(Address) 3901 Park Ave, St Louis Mo

Dr Hyland
3869 Park a