

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

Do not use this space.

37899

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 7915
City St. Louis (No. City Hospital)

File No.
Registered No. 10608
St. Ward)

14497
2. FULL NAME Mary B. Massey
(a) Residence, No. 3951st Ohio St., 24th Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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** widowed
(Write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 25

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) Newport Kentucky

13. NAME John Barry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Catherine Brady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Newport Kentucky DATE Dec 1 1932

19. UNDERTAKER (ADDRESS) J. H. Gubken Ltd. Co. 7842 Beaufort St.

20. FILED MC W. C. Standley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24th 1932, to Nov. 29th 1932

I last saw her alive on Nov. 29th 1932 Death is said

to have occurred on the date stated above, at 11:20 A.M.

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

93C Date of onset
Arterio-sclerotic Heart Disease 95B
Chronic Myocarditis
Other contributory causes of importance:
Broncho-pneumonia

Name of operation..... Date of.....
What test confirmed diagnosis? Uin 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..... (1)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) J. M. Coleman, M. D.
(Address) City Hospital

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.

Missy