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.

File No. 41919

Registered No. 11009

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 4406, Red Bud Ave. St. ..... Ward)

2. FULL NAME Nellie Conway McDermott

(a) Residence, No. 4406 Red Bud Ave. St., 9 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: James F. McDermott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1867

7. AGE: YEARS 64 | 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.: 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): New Orleans La. 2

FATHER

13. NAME: Edward Conway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER

15. MAIDEN NAME: Katherine Casey

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

17. INFORMANT (ADDRESS): Florence McDermott, 4406 Red Bud Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Dec. 14, 1932

19. UNDERTAKER (ADDRESS): Math. Hermann & Son, 2161 East Fair Ave.

20. FILED: DEC 12 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932, to Dec 12, 1932

I last saw her alive on Dec 11, 1932. Death is said to have occurred on the date stated above, at 1:40 A. m.

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

	Date of onset
Angina Pectoris	12/6/32
94A	
97	
94A	

Other contributory causes of importance: Arteria Sclerosis ?

Name of operation — Date of —

What test confirmed diagnosis? — 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 .....

(Signed) Seth P. Smith, M. D.

(Address) 4500 Clarence