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.

42448

File No. 11580

Registered No.

1. PLACE OF DEATH

County St. Louis — Registration District No. 782

Township — Primary Registration District No. 1018

City St. Louis (No. 5741 Julian Ave. St. Ward)

2. FULL NAME Kate Kearney

(a) Residence, No. 5741 Julian St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Wh	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Kearney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17-1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 94

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 93

10. Date deceased last worked at this occupation (month and year) 95

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Oliver Fulton

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

MOTHER

15. MAIDEN NAME Mary Mooney

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

17. INFORMANT Mrs Mary Fulton
(ADDRESS) 5834 Plymouth Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec 28, 1932

19. UNDERTAKER Chas. F. Quast
(ADDRESS) 1205 Sarpy Ave

20. FILED DEC 27 1932, 19 Mary C. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932, to Dec. 25, 1932
I last saw her alive on Dec. 25, 1932. Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
A. Angina pectoris	
C. Hypertension	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) Robert H. Riedel, M. D.
(Address) 4 D. N. Florissant Rd
Ferguson Mo.