

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.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **14 15 B**
City..... **St. Louis** (No. **3408**, **Clark**)

File No. **42540**
Registered No. **11683**
St. Ward

2. FULL NAME **Catherine McDonald**

(a) Residence, No. St., **18** 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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry McDonald**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 4 1837**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 9 24

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.

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) **Ireland**

FATHER 13. NAME **Thos Hardin**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Henry McDonald**
(ADDRESS) **3405 Clark**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **12-30** 1932

19. UNDERTAKER **Arthur J. Downey, Inc.**
(ADDRESS) **2039 Grand**

20. FILED **DEC 29 1932** 19 **May C. Parkley** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/28** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **12/26/32** 19 to **12/28/32** 19
I last saw her alive on **12/26/32** 19 Death is said to have occurred on the date stated above, at **350a**.

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

General Arteriosclerosis Date of onset **10 yrs**
99
160 **917**
Other contributory causes of importance: **Serumity** **(D)**

Name of operation **no** Date of
What test confirmed diagnosis? **sp** 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 of injury in any way related to occupation of deceased? **no**
If so, specify **John McH Dear** M. D.
(Signed) **J. McH Dear** (Address) **816 Metropolitan Bldg**

105 John W. H. 1880

Nov 1880