

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.
 Township Primary Registration District No.
 City ST. LOUIS (No. 5526, Dugan Ave. St. Ward)

File No.
 Registered No. 445

3511

2. FULL NAME

(a) Residence, No. Mary Jane Keefe
 (Usual place of abode) 5526 Dugan, 13 Ward.

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-28-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 8 14

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

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

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Polly Mann

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

17. INFORMANT (ADDRESS) Marvin Brame
5526 Dugan

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeper MO. DATE 1-13- 1933

19. UNDERTAKER (ADDRESS) J. H. McLaughlin
1631 Missouri Ave.

20. FILED JAN 12 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-11, 1933

22. I HEREBY CERTIFY That I attended deceased from Sept 1, 1932, to Jan 11, 1933
 I last saw h. alive on Jan 10, 1933. Death is said to have occurred on the date stated above, at 12 Noon.
 The principal cause of death and related causes of importance were as follows:

Progression of old life
11B
162
11G

Other contributory causes of importance:
Influenza

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) St. J. Meador, M. D.
 (Address) Chapman Mo

WHITE CARBET 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.

