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

Do not use this space.

27524

1. PLACE OF DEATH

County St Louis — Registration District No. 786 — File No.

Township Central — Primary Registration District No. 4469 — Registered No. 46

City Maple Wood (No. 2538 Weepoint Drive Maple Wood St. Ward)

2. FULL NAME Katherine McGill

(a) Residence, No. 2538 W. Point Drive St., 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: John F. McGill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-21-1870

7. AGE: YEARS 62 ~~65~~ — MONTHS 10 — 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.
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): St Louis Mo

FATHER

13. NAME: Thomas Cunningham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Isle of Mann

MOTHER

15. MAIDEN NAME: Margaret Griffin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

17. INFORMANT (ADDRESS): James Cunningham 2538 W. Point Drive

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Aug-19 1933

19. UNDERTAKER (ADDRESS): Cullinane Bros 1710 N. Grand Blvd.

20. FILED Aug 18 1933 Mercedes Schuster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug-18-1933

22. I HEREBY CERTIFY, That I attended deceased from January 2 1933 to Aug 18 1933

I last saw her alive on Aug 17 1933. Death is said to have occurred on the date stated above, at 9:10 a.m.

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

	Date of onset
Carcinoma of Lung (Right)	Jan-1933
Metastases of Left Lung & Liver	" "
47B	
46E	
120B	

Other contributory causes of importance:

Entero Colitis Acute	Aug-13 1933

Name of operation None Date of

What test confirmed diagnosis? Physical Ex Was there an autopsy? Ex of Lung

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) Louis N. Tennant, M. D.

(Address) 1486 Hamilton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933