

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.

26638

JAN 4 1934

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

Do not use this space.

36181

1. PLACE OF DEATH

County Jefferson Registration District No. 314
Township _____ Primary Registration District No. 4190
City St. Louis (No. _____ St. _____ Ward)

File No. _____
Registered No. 20

2. FULL NAME

Mrs Mary Catherine Jameson

(a) Residence, No. _____ St. _____ Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Nathaniel Jameson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8-1861

7. AGE YEARS 72 MONTHS 9 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

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. _____

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) Ohio

13. NAME Christopher Conroy

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

15. MAIDEN NAME Mary McHenry

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

17. INFORMANT George Conroy (ADDRESS) 127 S. 2nd St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Church DATE 11.10.33

19. UNDERTAKER John J. Phillips (ADDRESS) St. Ann's Church

20. FILED 11/10/33 6826 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932 to Nov 8, 1933
I last saw him alive on Nov 7, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Valvular Heart Disease Date of onset _____

92A

Other contributory causes of importance _____

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) Jan A. Conkitt, M. D.
(Address) St. Louis, Mo.

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Dr. J. C. Craddock