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.

APR 25 1934

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 File No. 10796

Township ..... Primary Registration District No. 1003 Registered No. 2633

City St Louis (No. 2250 Howard St St. ..... Ward)

2. FULL NAME May Byrne

(a) Residence, No. 2250 Howard St St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John F Byrne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4 1879

7. AGE: Years 54 | Months 10 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: William Manley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Anna Nieters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): John F. Byrne 2250 Howard St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Mch 17 1934

19. UNDERTAKER (ADDRESS): Arthur J Donnell & Co 3840 Lindell Av

20. FILED: MAR 16 1934 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1933, to March 14th 1934
I last saw her alive on March 14th 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma, Cervix Uteri

48
1390

48

Date of onset

Other contributory causes of importance:
General Metastasis

Name of operation: Hysterectomy Date of: 8-2-33
What test confirmed diagnosis? Usual 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) W. J. Gallagher, M. D.
(Address) University Club Bldg

Dr Wm J. Gallagher

University Club Road

Jc 7221

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