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

Township ..... Primary Registration District No. 1003

City St Louis (No. 3718, Sullivan a St. ..... Ward)

File No. 10928

Registered No. 2781

2. FULL NAME Margaret Dudley

(a) Residence, No. ..... St., 10 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: Orin Dudley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1854

7. AGE: Years 80 Months 1 Days 20 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) Ireland

FATHER

13. NAME O Mara

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

MOTHER

15. MAIDEN NAME Mary Hall

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

17. INFORMANT (ADDRESS) Mrs Mary E Chenier 4929 McPherson a

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Mch 22 1934

19. UNDERTAKER (ADDRESS) Arthur J Donnelly U Co 3840 Lindell Bd

20. FILED ..... 19 ..... J F Biedeck Registrar.

MAR 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1934, to 3-19, 1934

I last saw h. 27 alive on 3-18, 1934 Death is said to have occurred on the date stated above, at 7 15 a m.

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

Lobar Pneumonia — Date of onset 3-15-34

108

131

108

Other contributory causes of importance:

Chr. Nephritis

Name of operation None Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) George Manting, M. D.

(Address) 5602 Delmar

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr Geo Manting
5602a Delmar Bl

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