

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 333 File No. 26221
 Township _____ Primary Registration District No. 4468 Registered No. 143
 City Ferguson, Mo. (No. North Florissant, Pa.) St. _____ Ward _____

2. FULL NAME

Mary F. Durian
 (a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Durian</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1863</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>St. Louis</u>				
FATHER	13. NAME <u>William Johnston</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
MOTHER	15. MAIDEN NAME <u>Rose K. Moore</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT <u>Harren Durian</u> (ADDRESS) <u>2127 S. Washol St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>July 9, 1934</u>				
19. UNDERTAKER <u>Arthur J. D. Smalley, etc.</u> (ADDRESS) <u>8540 S. Grand St.</u>				
20. FILED <u>July 7, 1934</u> <u>H. A. Gentry</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 - 1934

22. I HEREBY CERTIFY that I attended deceased from July 6 - 1934
 I last saw him alive on July 6 - 1934 Death is said to have occurred on the date stated above, at 5:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach Date of onset 9-1-32
Asphyxiation
1/6
 Other contributory causes of importance:
Chronic Bronchitis 1927
Open myocarditis 1925

Name of operation _____ 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? no
 If so, specify _____
 (Signed) Roy Johnson, M. D.
 (Address) Ferguson, Mo.

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.

AUG 17 1934

Rev. J. H. ...
...