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

Do not use this space.

27750

1. PLACE OF DEATH
County St. Louis
Registration District No. 1123
Township Carondelet
Primary Registration District No. 6724 B
City Nazareth Mo (No. Nazareth Convent St. ....Ward)

File No. ....
Registered No. 250

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2. FULL NAME Sister Agnes James

(a) Residence, No. Forder Ave St., ...Ward. Jefferson Bks. Mo
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	3	16	

OCCUPATION

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

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) Illinois

FATHER

13. NAME John Mc Caffrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Bridget Gansey

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

17. INFORMANT Sister M. Rossiter
(ADDRESS) Nazareth Convent Jeff Bks Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nazareth Cem DATE July 18 1934

19. UNDERTAKER C. Hoffmeister U & L Co
(ADDRESS) 7814 So Broadway

20. FILED 7-16 1934 B. F. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15th 1934, to July 16 1934

I last saw her alive on July 16 1934 Death is said to have occurred on the date stated above, at 7 P.m.

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

Tuberculosis of the Lungs

Other contributory causes of importance:

23A

53

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? ....
If so, specify ....

(Signed) Sam Price, M. D.
(Address) Jeff Bks 8 Mo / St Louis Co

AUG 17 1934

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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

100M-11-24-33