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

NOV 13 1934

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

Do not use this space.

File No. 40892

Registered No. 10836

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 1722, Euclid St., ... Ward)

2. FULL NAME Margaret Macleod

(a) Residence, No. 1722 Euclid St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Donald O. Macleod

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	10	23	

OCCUPATION

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

FATHER

13. NAME John Kerr

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

MOTHER

15. MAIDEN NAME Margaret Campbell

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

17. INFORMANT Mrs. E. M. Herrick
(ADDRESS) 1722 Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE Nov 14, 1934

19. UNDERTAKER Friehmann Harral
(ADDRESS) 1905 Hogan

20. FILED NOV 13 1934 19 J. Breeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1926 to Nov. 12, 1934

I last saw her alive on Nov 5th, 1934. Death is said to have occurred on the date stated above, at 12:20 m. P.M.

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

	Date of onset
Senility	
Myocarditis Chronic	
93%	
108	
GBC	

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? No

If so, specify

(Signed) Orio L. Morey, M. D.

(Address) 5094 Kingsbury Ave