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.

MAY 13 1935

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

Do not use this space.

14910

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3789

City St Louis (No. 5223 Davison St. ..... Ward)

2. FULL NAME Hannah Asbury

(a) Residence, No. 5223 Davison St., 7 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 Late James Asbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1860

7. AGE YEARS 75 MONTHS 1 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 Tim Mulchan

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

MOTHER

15. MAIDEN NAME Helen McMeahy

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

17. INFORMANT (ADDRESS) Mrs Nellie Bowden 5223 Davison

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE April 27 1935

19. UNDERTAKER (ADDRESS) Hy Leidner Und Co 1417 N Market

20. FILED APR 26 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1935 to April 24, 1935

I last saw her alive on April 23 1935 Death is said to have occurred on the date stated above, at 11:10 A.m.

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

Chronic myocarditis — Date of onset: Don't know

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Other contributory causes of importance:

Chronic Interstitial nephritis — Don't know

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) R. R. Meyvon, M. D.

(Address) 5330 Geraldine

Dr Niemann
5330 Geraldine
8-10 AM