

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

Do not use this space.

17780

JUN 22 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City *St. Louis* (No. *Little Sisters of the Poor*) St. Ward)

2. FULL NAME

Mary Dahan
 (a) Residence, No. *2209 Herbert* St., *20* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *8* 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)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widow*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *November 30th 1861*
 7. AGE *73* YEARS *5* MONTHS *5* DAYS 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. *housekeeper*
 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) *New York*

MOTHER 13. NAME *Patrick Waters*

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

15. MAIDEN NAME *Ann Kilbride*

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

17. INFORMANT *Sister James* (ADDRESS) *2209 Herbert St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic Cemetery* DATE *May 7 1935*

19. UNDERTAKER *Pub. Bur.* (ADDRESS) *3054 Lafayette St*

20. FILED *MAY - 6 1935* 19 *J. B. Beck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 5th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 2, 1934* to *May 5, 1935*

I last saw her alive on *May 4, 1935* Death is said to have occurred on the date stated above, at *3:30* a.m.

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

Chronic Parenchymatous nephritis Date of onset *12/2/34*

Other contributory causes of importance: *Arteriosclerosis*

Name of operation *None* 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) *Arthur A. Prebaker*, M. D.
 (Address) *1525 a Cass Ave.*

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.

MOTHER 15

