

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.

JAN 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
1003
Primary Registration District No. 1003

41781
File No. 11029
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 3-809 *W. 4th St.* St. *U-4* Ward. 13
(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Wm. McLaughlin</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 26, 1857</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>1857</i>	<i>78</i>	<i>1</i>	<i>29</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Wm.</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Accessories</i>			
	10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		<i>St. Louis, Mo.</i>		
MOTHER	13. NAME <i>Petrick Walsh</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>			
	15. MAIDEN NAME <i>Hannah Kane</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>				
17. INFORMANT <i>C. M. Milroy Jr</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Dec 28 30</i>				
19. UNDERTAKER (ADDRESS) <i>Beauchamp Dubau</i>				
20. FILED <i>DEC 27 1938</i> <i>J. T. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/25/35*

22. I HEREBY CERTIFY, That I attended deceased from *May 30, 1935* to *Dec-25*, 19*35*
I last saw her alive on *Dec-14*, 19*35* Death is said to have occurred on the date stated above, at *11:30 a.m.*
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
93C
Other contributory causes of importance:
Senile dementia

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?.....
If so, specify.....
(Signed) *C. E. Smith* M. D.
(Address) *Deighton Hospital*
St. Louis, Mo.

