

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 13 1936

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

Do not use this space.

41886

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **8308, Water St.**)

File No.
Registered No. **11138** St. Ward)

2. FULL NAME

(a) Residence, No. **8308 Water St.** / 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Proffitt				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1898				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
35	59	5	24	
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.			
	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, Mo.				
FATHER	13. NAME Edw. Cassidy			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland			
	15. MAIDEN NAME (Unknown) Coyle			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland			
	17. INFORMANT Jane Proffitt (ADDRESS) 8308 Water St.			
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Carmel DATE 12-13-35				
19. UNDERTAKER (ADDRESS) Southern Und. Co. 6322 S Grand				
20. FILED DEC 30 1935 19 J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-30-35**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 22, 1935**, to **Dec 30, 1935**.
I last saw him alive on **Dec 29, 1935**. Death is said to have occurred on the date stated above, at **3 a. m.**
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
Other contributory causes of importance: **None**

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) **A. W. Peters**, M. D.
(Address) **4145 S Grand**

44-51-10
S. S. -
Petersburg