

FEB 11 1936

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

Do not use this space.

3564

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1093
City St. Louis (No. St. Johns Hospital) St. Ward)

File No.
Registered No. 805
St. Ward)

2. FULL NAME

Mary Cora
(a) Residence, No. 442 1/2 - Roselle 9 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Cora</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14, 1888</u>		
7. AGE	YEARS	MONTHS
	<u>47</u>	<u>11</u>
		DAYS
		<u>6</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salewoman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mercantile</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 11-36</u>	11. Total time (years) spent in this occupation <u>?</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tray Ills.</u>		
FATHER	13. NAME <u>William Nobling</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Gertrude Ruffer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>John H. Cora</u> <u>442 1/2 - Roselle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tray Ills.</u> DATE <u>Jan 24, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Taylor</u> <u>2301 North St.</u>		
20. FILED <u>JAN 22 1936</u> <u>W. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1936 to Jan 20, 1936
I last saw h. alive on Jan 20, 1936. Death is said to have occurred on the date stated above, at 3:28 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 1-14-36
1070
Other contributory causes of importance:
ventral hernia
Name of operation Repair Date of 1-15-36
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) Cecil M. D.
(Address) 819 Mo Theta Bldg

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.

