

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.

AUG 18 1936

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

Do not use this space.
28028

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **BARNARD SKIN & CANCER HOSP.** Ward)

2. FULL NAME

(a) Residence, No. **MARY M. NOLAN** St. **NR** Ward. **Acton, Ill.**
(Usual place of abode) **9 W 16th** (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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN NOLAN		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 17-1860		
7. AGE	YEARS 76	MONTHS 0
	DAYS 15	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)
TENNESSEE

13. NAME **JOHN M. NOLAN**

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

15. MAIDEN NAME **MARY MARSHALL**

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

17. INFORMANT **JOHN NOLAN**
(ADDRESS) **ACTON ILLINOIS**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **NEW MADRID Mo.** DATE **JULY 5 1936**

19. UNDERTAKER **KLUCK UNDERTAKING Co.**
(ADDRESS) **ACTON ILLINOIS**

20. FILE **JUL 3 1936** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 2 1936**

22. I HEREBY CERTIFY That I attended deceased from **June 11 1936** to **July 3 1936**
I last saw her alive on **July 2 1936** Death is said to have occurred on the date stated above, at **12:25 p.m.**

The principal cause of death and related causes of importance were as follows:
Arteriosclerotic heart disease Date of onset

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Other contributory causes of importance
Carcinoma of Bladder Urinary

Cystectomy & transplantation of ureters

Name of operation **Time 30**
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? **No**
If so, specify **Pearson G. Kellogg** M. D.
(Signed) **Barnard Hosp.**
(Address) **3427 Washington**

