

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.

NOV 4 1936

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

Do not use this space.

397393

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... (No. 2528W ST. LOUIS AVE. St. .... Ward)

File No. ....  
 Registered No. 10784 Ward)

**2. FULL NAME CATHERINE T. SCATES**

(a) Residence, No. 2528W ST. LOUIS AVE. St. 20 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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 <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>WILLIAM SCATES</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>OCT. 20, 1868</b>		
7. AGE <b>68</b>	YEARS <b>0</b>	MONTHS <b>6</b>
		DAYS <b>6</b>
		If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>HOUSEWIFE</b>	
	10. Date deceased last worked at this occupation (month and year).....	
		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) <b>ST. LOUIS, MO.</b> (STATE OR COUNTRY)		
FATHER	13. NAME <b>JOHN MURPHY</b>	
	14. BIRTHPLACE (CITY OR TOWN) <b>IRELAND</b> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <b>MARY QUINN</b>	
	16. BIRTHPLACE (CITY OR TOWN) <b>IRELAND</b> (STATE OR COUNTRY)	
17. INFORMANT <b>MISS CATHERINE SCATES</b> (ADDRESS) <b>2528W ST. LOUIS AVE</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>CALVARY CEMETERY</b> DATE <b>OCT. 29, 1936</b>		
19. UNDERTAKER <b>Goodhart &amp; Goodhart</b> (ADDRESS) <b>2228 St. Louis Ave.</b>		
20. FILED <b>OCT 28 1936</b> <b>J. Bredeck</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 26, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **my 21, 1936** to **Oct 26, 1936**

I last saw h. **alive on Oct 26, 1936** Death is said to have occurred on the date stated above, at **1:30 p. m.**

The principal cause of death and related causes of importance were as follows:  
**Cancer stomach**  
 Date of onset

Other contributory causes of importance:  
**H6 B**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?.....  
 If so, specify  
 (Signed) **Art Sewing**, M. D.  
 (Address) **2342 St. Louis Ave**

