

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.

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

Do not use this space.

1. PLACE OF DEATH  
 91 County ..... Registration District No. **791**  
 3 Township ..... Primary Registration District No. **1003**  
 City ..... (No. **De Paul Hospital,** /) St. ..... Ward) **3727 762**

2. FULL NAME **Margaret I. Hynes,**  
**3728 Penrose Str** .....  
 (a) Residence, No. ...., ..... St., ..... 10 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single.</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>. 12 - 8 - 1873</b>				
7. AGE	YEARS <b>63</b>	MONTHS <b>1</b>	DAYS <b>9</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>School Teacher.</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Public 215</b>			
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... <b>44</b>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo. /</b>				
FATHER	13. NAME <b>Patrick Hynes</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland. /5</b>			
MOTHER	15. MAIDEN NAME <b>Honora O'Connell</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland /5</b>			
17. INFORMANT <b>Mrs. Anna McGuire,</b> (ADDRESS) <b>1908 Bacon Str.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary</b> DATE <b>1/19/37</b> 19				
20. UNDERTAKER <b>W. A. Stock Und. Co.</b> (ADDRESS) <b>2117 E. Grand Blvd.</b>				
21. FILED <b>18 10 37</b> 19 <b>J. Bredeck</b> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 17. 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 13** ..... 1937, to **Jan. 17** ..... 1937  
 I last saw her... alive on **Jan. 18** ..... 1937. Death is said to have occurred on the date stated above, at **12:45 a. m.**  
 The principal cause of death and related causes of importance were as follows:  
**Broncho Pneumonia** ..... 1-12-37  
**107**

Other contributory causes of importance:

Name of operation ..... Date of .....  
 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) **Arthur H. de Massey** /, M. D.  
 (Address) **4046 N. Grand Bl.**

Wm. W. W. W.  
4046 N. Grand.  
Cal. 8090

Jan. 1200  
8600 Wm. W. W.