

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. *AMERICAN HOSPITAL*)

File No. **9905**
Registered No. **2462**
St. _____ Ward _____

2. FULL NAME

Annie Nylton

(a) Residence, No. *4931 St. Louis Ave* b. Ward. *1*
(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 <i>Female</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Robert Nylton</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>7-3-1877</i>		
7. AGE	YEARS <i>59</i>	MONTHS <i>7</i>
	DAYS <i>28</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housew. etc.</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>AT HOME</i>	
	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)
MO

FATHER
13. NAME *Robert Fitzgerald*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

MOTHER
15. MAIDEN NAME *Mary (unknown)*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Port Knew

17. INFORMANT (ADDRESS)
Robert Nylton
4931 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Calvary Cem DATE *3-4* 1937

19. UNDERTAKER (ADDRESS)
Sullivan Undertakes
2845 N. Euclid

20. FILED **MAR 2 1937**
J. Breneck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 1st 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 20* 1937, to *March 1st* 1937

I last saw him alive on *Mar 2* 1937 Death is said to have occurred on the date stated above, at *8:10 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Other contributory causes of importance:

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? *NO*
If so, specify _____
(Signed) *Walter D. Hart*, M. D.
(Address) *2800 - N - 70th St.*

Call at 6152

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.

59-599

Co. 3852

American Home