APR 27 1937

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

Do not use this space.

File No. 13393
Registered No. 29

1. PLACE OF DEATH

County St. Louis — Registration District No. 788
Township — Primary Registration District No. 4471
City Webster Graves (No. 220 Papin St St. Ward)

2. FULL NAME Rose Ann Delworth

(a) Residence, No. 220 Papon St St., Ward. Webster Graves Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Jeremiah Delworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
93	63	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Missouri

FATHER

13. NAME Patrick McDonald

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

MOTHER

15. MAIDEN NAME Mary Murray

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

17. INFORMANT Mrs. T. L. Cummings - 220 Papin St.
(ADDRESS) Webster Graves Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Calvary Cemetery DATE March 3 1937

19. UNDERTAKER Feetz Brothers
(ADDRESS) 3029 Lafayette Ave

20. FILED 3-1-, 1937 Julia A. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to Feb 28, 1937. I last saw her alive on Feb 28, 1937. Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Lt)	2-13-37

Other contributory causes of importance:

Myocarditis	"
Hypertension	"
Arteriosclerosis	"

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) Carl G. Austin, M. D.
(Address) Webster Groves Mo

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.

Re-2960

Dr Trick
648 E. Big Bend

Jill R. Yore
408 Ryning

We-3980