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.

JUL 8 - 1937

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

Do not use this space.

791

22442

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 6194

Township ..... Primary Registration District No. ..... Registered No. 6194

City St. Louis, Mo. (No. ..... City Sanitarium St. ..... Ward)

2. FULL NAME Mary Weatherford

(a) Residence, No. 3959 ~~[illegible]~~ Washington 19 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.

Unknown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX White

4. COLOR OR RACE Female

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Mudd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 4-2-1896

7. AGE About YEARS 41 MONTHS 2 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saleslady

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Missouri

FATHER

13. NAME John Parsons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER

15. MAIDEN NAME Nellie Beard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) W.T. Zeitler, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City ~~Infirmary~~ Crematory DATE 1/28/37 19

19. UNDERTAKER (ADDRESS) J. Ryan City Sanitarium

20. FILED JUN 26 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-2-36, 19, to 6-25-36, 19

I last saw her alive on 6-25-37, 19. Death is said to have occurred on the date stated above, at 2:55 m A.M.

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

Ac. Broncho-pneumonia 6-23-37 Date of onset

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Other contributory causes of importance:

Gen. Paralysis of the Insane 11-2-36x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) William T. Zeitler, M. D.

(Address) 5400 Arsenal St

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