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.

AUG - 5 1937

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

Do not use this space.

791
1003

26054

File No.
Registered No. 7228

1. PLACE OF DEATH

County
Township
City St. Louis (No. St. Johns Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Mary Jennings Tesson

(a) Residence, No. 5171 Minerva Ave. St., 6 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William P. Tesson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6, 1859

7. AGE: 78 YEARS, 2 MONTHS, 22 DAYS. If LESS than 1 day, ...hrs. or ....min.

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): Willmington, Delaware

FATHER
13. NAME: Patrick Earner.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

MOTHER
15. MAIDEN NAME: Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

17. INFORMANT (ADDRESS): Thomas F. Jennings. 1223 Clara Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: July 31, 1937

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED JUL 30 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1934, to 7/28, 1937
I last saw her alive on 7/28, 1937. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	3 yrs.
~~Melanos~~ Carcinoma of skin (Rt. Cheek with general metastases	2 yrs.
primary seat of cancer	

Other contributory causes of importance: unknown.

47A

Name of operation: Tracheotomy Date of 12-15-35
What test confirmed diagnosis? biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? None (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) John S. Hammond, M. D.
(Address) Pro. Theatre Bldg

[illegible] Bldg
[illegible]