

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.

OCT 26 1937

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

Do not use this space. 0

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Townshp. Central Primary Registration District No. 6248 F
 City St. Louis Mo. (No. Mr. St. Rose Sanatorium St. _____ Ward _____)

File No. 35361
 Registered No. 396

2. FULL NAME

Kate M. Buckley
 (a) Residence, No. 9101 So Broadway St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 21 - 1855</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	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) <u>St. Louis Mo</u>		
MOTHER FATHER	13. NAME <u>Frank Buckley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Julias M. Lynch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Frank C. Buckley</u> (ADDRESS) <u>1200 So. Compton Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>Sept 29 1937</u>		
19. UNDERTAKER <u>Petty Bros</u> (ADDRESS) <u>3029 Lafayette Ave</u>		
20. FILED <u>Sept. 27 1937</u> <u>H. Mowrey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1937, to Sept 26 1937
 I last saw h.w. alive on Sept 26 1937. Death is said to have occurred on the date stated above, at 10:50 Am.
 The principal cause of death and related causes of importance were as follows:
Acute Epidemic Encephelitis Date of onset _____
Encephelitis Rethargica
 Other contributory causes of importance: Terminal Broncho Pneumonia

Name of operation none Date of none
 What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury No, 19____
 Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John J. Corbett Resident, M. D.
 (Address) Mr. St. Rose Sanatorium
St. Louis Mo.

