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

Do not use this space.

22387

File No.
Registered No. 190

1. PLACE OF DEATH
County St Louis
Registration District No. 789
Township Central
Primary Registration District No. 6033
City (No. 2 Jennings St. Ward)

2. FULL NAME Mary E. Dempsey
(a) Residence. No. Cape Girardeau 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: Female
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

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

7. AGE: Years: About 80 | Months: — | Days: — | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Hugh Ramsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Bridget Hunt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. H. Tennyson
(Address) Cape Girardeau

15. FILED 7/20, 1927 Ollen Brown M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1927

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1927, to July 18, 1927, that I last saw her alive on July 18, 1927, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
Block Heart, Chronic Hypertension
131
132B
95A (duration) ? yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) Uremic Coma.
(duration) — yrs. — mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Cape Girardeau Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF None
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Lab.
(Signed) Luke B. Tiemon, M.D.
7/19, 1927 (Address) 3718 Jennings St. St. Louis Co. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary | DATE OF BURIAL: July 20 1927

20. UNDERTAKER: Edward A. Stuart | ADDRESS: 5323 Easton

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.