

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

Do not use this space.

6932

**1. PLACE OF DEATH**

County..... Registration District No. 101  
Township..... Primary Registration District No. 101  
City St. Louis (No. 3426, Utah 14)..... St. .... Ward)

File No.....  
Registered No. 1896  
St. .... Ward)

**2. FULL NAME**

Mary Rodden  
(a) Residence, No. .... St., 16 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) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt. 76

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

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

10. NAME OF FATHER John Rodden

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ireland

14. INFORMANT Katherine Kenneth (Address) 3426 Utah St

15. FILED 21 1928 Maryl Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/19 19 28

17. I HEREBY CERTIFY That I deceased from an illness beginning from Jan 13 1928 to Feb 7 1928 that I last saw her alive on Jan 18 1928 and that death occurred, on the date stated above, at 6:40 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis and  
General Sclerosis  
(duration) yrs. mos. ds. 14  
CONTRIBUTORY (SECONDARY) General Sclerosis  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Banning, M. D.  
700, 1928 (Address) 5844 Pacific

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leabray DATE OF BURIAL 2-22 19 28

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 North of

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.

No. 6. Blum & others

2844 California 2-4

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Loc. 8621