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.

R 2 1928

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

Do not use this space.

10516

1. PLACE OF DEATH
County St Louis — Registration District No. 1123
Township CARONDELET — Primary Registration District No. 6248 E — File No.
City — (No. 132 Rippa St. St. Ward) — Registered No. 75

2. FULL NAME Mary Jane Byrnes
(a) Residence. No. 700 Broadway St., Ward. Venice Ill.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 11 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF James Byrnes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 - 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	10	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) De Soto
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER James Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pittsburgh
(STATE OR COUNTRY) Pa

14. INFORMANT Charles Byrnes
(Address) 4354 Linton Ave St. Louis Mo

15. FILED Mch. 10, 1928 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 7th, 1928, to Mch 10, 1928, that I last saw her alive on Mch 9th, 1928, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
129a
131 History about (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. H. Tate, M. D
, 19 (Address) 9439 Edgar ave

*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 Missouri Crematory
DATE OF BURIAL March 13 1928

20. UNDERTAKER Francis J. Lahey
ADDRESS Madison Ill.