

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 33
 City St. Louis (No. Mo. Capital Hospital) St. _____ Ward _____

File No. 26022
 Registered No. 7888

2. FULL NAME

Kate Chearn
 (a) Residence. No. 914 N. Grand Blvd. St. 21 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U.S., if of foreign birth? 63 yrs. mos. ds. (If nonresident give city or town and State)

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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 1 29 — — —

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 Robert Chearn

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

12. MAIDEN NAME OF MOTHER Elizabeth Sellers

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

14. INFORMANT M. J. Cullinan (Address) 1702 Grand Blvd.

15. FILED AUG - 1 1928 REGISTRAR John C. Stankov

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1928

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1928, to July 30, 1928, that I last saw h. as alive on July 30, 1928, and that death occurred, on the date stated above, at 6:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
Hemorrhage
5M (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Diabetes Mellitus
 (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH? 2831 Maple St.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) John C. Brown, M. D.

, 19 (Address) 2945 Franklin

*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 DATE OF BURIAL

Cadaver Cemetery Aug. 2 1928

20. UNDERTAKER ADDRESS

Cullinan Bros 1702 Grand Blvd

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.

