

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 2605 Ranschenbach ave)

File No. 28835
Registered No. 8337
St. _____ Ward)

2. FULL NAME

Nethie Slattery
(a) Residence, No. _____ J. St. 2 D Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 - 1849

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, _____ hrs. or _____ min.
79 | 2 | 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Muscatare
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Geo Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Frank A. Slattery
(Address) 2605 Ranschenbach

15. FILED 16 1928 Max C. Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 15 1928
17. I HEREBY CERTIFY That I attended deceased from Aug 5, 1928, to Aug 15, 1928 that I last saw him alive on Aug 15, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
Pneumonia
(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 1000
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Wm J. Langau

(Signed) _____ M. D.
8-16-1928 (Address) 2806 N Grand av

*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 Central Wesleyan Cemetery DATE OF BURIAL 8-17 1928

20. UNDERTAKER Wm J. Langau ADDRESS 1944 N Jefferson

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.

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