

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

Do not use this space.

3718

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

File No. _____

Township _____

Primary Registration District No. 1003

Registered No. 319

City St. Louis (No. 0147 Gambelton Place St. _____ Ward)

2. FULL NAME

(a) Residence. No. Mary Cain
Montgomery City Mo 6 Ward.

Montgomery Mo
(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) never

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Thomas Cain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. abt 78

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 at home

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

10. NAME OF FATHER Jas Sheridan

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT (Address) Mary Skinner
6147 Gambelton

15. JAN - 7 1929 FILED REGISTRAR Ray E. Barker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/5, 1929, to 1/6, 1929, that I last saw him alive on 1/6, 1929, and that death occurred, on the date stated above, at 2 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
10/2/28

CONTRIBUTORY (SECONDARY)

1000
(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?

(Signed) A. F. Lerner, M. D.
1/7 1929 (Address) 1257 N. Kingsleyway

*State the DISEASE CAUSING DEATH, or in death 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

Montgomery Mo Jan 8 1929

20. UNDERTAKER ADDRESS

Thomas J. Finian 15195 Gravel Road

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.

23
15
15

PERMANENT RECORD

