

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

Do not use this space.

8928

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. 3654 West Pine)

File No.....
Registered No. 2024
St. Ward)

2. FULL NAME

Martha Rachel Shank
(a) Residence. No. St., 19 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/26 1929

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

17. HEREBY CERTIFY, That I attended deceased from about Feb. 1926, to Feb 26, 1929, and that I last saw h. alive on Feb 26, 1929, and that death occurred, on the date stated above, at 4:25 a. m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 79 - - - -

Chronic Myocarditis
131
93C
97 (duration) 3 yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
Chronic Interstitial nephritis (duration) 3 yrs. mos. ds.

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

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

10. NAME OF FATHER Unknown Bright

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

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

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?.....

12. MAIDEN NAME OF MOTHER A. S.

(Signed) Paul B. Webb, M. D.

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

2/26, 1929 (Address) 10 N. Grand 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.

14. INFORMANT Mary L. Shank (Address) 3654 W. Pine

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 2-28 1929

15. FILED May 15 1929 REGISTRAR Arthur J. Donnelly

22. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2
31
31

10 21 Grand -

Jeff 9011