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.

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 ..... File No. 16134

Township ..... Primary Registration District No. 1003 ..... Registered No. 4167

City St. Louis Mo. No. St. Marys Infirmary St. ..... Ward)

2. FULL NAME Mrs. Nellie Smith

(a) Residence. No. 2008 Hickory St., 77 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1873

7. AGE: About 55 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: — Cady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Miss Gertrude Cady
(Address) 2008 Hickory

15. FILED APR -3 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2.

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

17. HEREBY CERTIFY, That I attended deceased from April 5, 1929, to April 6, 1929, that I last saw her alive on April 6, 1929, and that death occurred, on the date stated above, at 2 a.m. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis ~~[illegible]~~
Myo
131
P/W 935 uncertain (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Myocarditis uncertain (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? NOT AT PLACE OF DEATH? 2008 Hickory
DID AN OPERATION PRECEDE DEATH? no. DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) E. H. Dorge, M. D.
4/6, 1929 (Address) 1526 Pepin Street

*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: Calvary Cem.
DATE OF BURIAL: 4-9-1929

20. UNDERTAKER: Peetz Bros 3029
ADDRESS: Laf. Ave.