

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

Do not use this space.

34769

1. PLACE OF DEATH

County..... Registration District No. 701 File No. 10160
 Township..... Primary Registration District No. 1003 Registered No. 10160
 City St. Louis (No. Bethesda Hospital) St. 18 Ward 11

2. FULL NAME

Mary Elizabeth Staggs
 (a) Residence. No. Richland Mo. St. (Usual place of abode) 18 Ward 11
 Length of residence in city or town where death occurred yrs. mos. da. 1 yrs. 11 mos. 18 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phelix Staggs
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 1
 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) Alabama

10. NAME OF FATHER

Geo W Jagers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER

Mary Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Alabama

14.

INFORMANT Mrs Paul Connor
 (Address) Webster Groves

15.

FILED 26 1933 May C. Standen REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1930

17. I HEREBY CERTIFY That I attended deceased from Oct 1, 1930, to Oct 25, 1930, that I last saw him alive on Oct 25, 1930, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Cardiac Condition

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH, DID IN OPERATION EXCEED DEATH DATE OF no
 WAS TESTED BY AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS

Physical Findings
 (Signed) Vernon J. Dunscomb, M. D.
 , 19 (Address) 3101 1/2 Sutton Ave

*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

Richland Mo Oct 27 1930

20. UNDERTAKER ADDRESS Parker and Co Webster Groves

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.

