

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.

061 20 1933

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

Do not use this space.

31179

1. PLACE OF DEATH

County St. Louis City Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St. Louis, Mo. (No. 5524, Delmar St. _____ Ward _____)

File No. _____
 Registered No. 7874
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5564 Delmar St. 14 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Morey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 27, 1891</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>6</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to June 9, 1933
 I last saw her alive on June 9, 1933. Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
(apoplexy)
82A
99
 Other contributory causes of importance arteriosclerosis
 Date of onset 4/1/33

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia, Mo.</u>
	13. NAME <u>Wm. S. Mackey</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middle town, Ohio</u>
	15. MAIDEN NAME <u>Sarah McLaughlin</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Marys, Ohio</u>
17. INFORMANT <u>George K. Mackey</u> (ADDRESS)	
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Sedalia, Mo</u> DATE <u>Sept. 11, 1933</u>	
19. UNDERTAKER <u>Wagner Undert. Co.</u> (ADDRESS) <u>3621 Olive St.</u>	
20. FILED <u>11 1933</u> <u>J. J. Bredek</u> Registrar.	

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physician's Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) Geo. J. J. Bredek, M. D.
 (Address) 3701 Delmar Pl

