

JAN 24 1935

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

Do not use this space.

45043

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. 2209)

Herbert St.

File No. 12199

Registered No. 12199

St.

Ward)

2. FULL NAME Elizabeth Mc Carry

(a) Residence, No. 2209

(Usual place of abode)

Herbert St., 20 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Unknown Widow

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

July 25th 1851

7. AGE 83 YEARS

4 MONTHS

129 DAYS

If LESS than 1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

housekeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

13. NAME

Joseph Dobbins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

15. MAIDEN NAME

Margaret Hogan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Massachusetts

17. INFORMANT (ADDRESS)

Sister Jeanne Herbert 2209 Herbert

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wabray

DATE

Dec 26, 1934

19. UNDERTAKER (ADDRESS)

Anthony J. Donnelly, U. S. 3840 Grandview Ave.

20. FILED

C. 26 1935

Joe J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

December 24, 1934

22. HEREBY CERTIFY, That I attended deceased from Dec 4, 1934, to December 24, 1934

I last saw her alive on Dec 23, 1934 Death is said

to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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? No

If so, specify

(Signed)

Anthony A. Diekowski

M. D.

(Address)

1525 a Cass Ave.

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.

RECORD WITH CHANGING INITIALS IS A PERMANENT RECORD

