

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

Do not use this space.

FEB 10 1937

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 788
 13 Township Jeff. L. District Primary Registration District No. 4471
 3 City Webster Groves (No. 212 Bristol Rd) St. 1 Ward 1

2. FULL NAME Katherine Agnes Sylvia
 (a) Residence, No. 212 Bristol Rd St. 1 Ward 1
 (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.

File No. 2945
 Registered No. 4
 St. 1 Ward 1

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J. Sylvia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>1</u>	<u>21</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Norwich Conn.

13. NAME John Boyle

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

15. MAIDEN NAME Agnes Croker

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

17. INFORMANT (ADDRESS) Mrs. C. A. Dalton
212 Bristol Rd W.G.

18. BURIAL PLACE Calvary Cem DATE 1/15/37

19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc.
7126 Manchester Ave.

20. FILED 1-14-1937 Julius R. York Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1933, to Jan 12, 1937
 I last saw him alive on Jan 12, 1937 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia - influenza Date of onset 1/6/37
Cardio - sclerosis 1930
Arterio - sclerosis

Other contributory causes of importance:
Arterio - sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) C. J. [Signature], M. D.
 (Address) Union Club Bldg

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.

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University Club

JUN 6 1943