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

Do not use this space.

34762

File No. 8927

Registered No. ____

1. PLACE OF DEATH

County ____ Registration District No. ____

Township ____ Primary Registration District No. ____

City St Louis (No. 4431 So Broadway St. ____ Ward)

2. FULL NAME Mary E. McLard

(a) Residence, No. ____ St., 15 Ward.
(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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF William C.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	7	26	

OCCUPATION

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

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

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) Lincoln Co. Tenn.

FATHER

13. NAME Asa Reddick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Tenn

MOTHER

15. MAIDEN NAME Margaret Gilleard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Tenn

17. INFORMANT (ADDRESS) Miss M. Collins 4431 So Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Oct. 16, 1933

19. UNDERTAKER (ADDRESS) C. H. Hoffmeister & Co. 3814 So Broadway

20. FILED Oct 16, 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1930, to Oct 14, 1933

I last saw her alive on Oct 10, 1933 Death is said to have occurred on the date stated above, at 12:45 a.m.

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

	Date of onset
93C	
Arteriosclerosis,	4 yrs
Chronic Myocarditis.	3 yrs

Other contributory causes of importance: Bronchial Asthma Senility

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ 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 ____, 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? No

If so, specify ____

(Signed) Chas E Nyswonger, M. D.

(Address) 3720 Washington

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD