

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.

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

Do not use this space.

MAY 25 1934

14915

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **5866**, Roosevelt Pl. St. Ward) Registered No. **4112**

2. FULL NAME

(a) Residence, No. **Jamiece Tierney** St. **6** Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J. Tierney				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1889				
7. AGE	YEARS 44	MONTHS 5	DAYS 26	If LESS than 1 day, hrs. or min.
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) St. Louis				
MOTHER FATHER	13. NAME Hardy Green			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.			
	15. MAIDEN NAME Elyzabeth Keene			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.			
17. INFORMANT (ADDRESS) Thomas J. Tierney 5866 Roosevelt Pl.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Leabury DATE April 25 1934				
19. UNDERTAKER (ADDRESS) Arthur J. Honnely 263 3840 Grand St.				
20. FILED DATE May 25 1934 J. J. Bebeck Registrar.				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 21 1934**

22. I HEREBY CERTIFY, That I attended deceased from **April 23 1934** to **April 21 1934**
I last saw her alive on **April 21 1934** Death is said to have occurred on the date stated above, at **11:40 P.**
The principal cause of death and related causes of importance were as follows:
Larvinae of Cecropia Date of onset **3 yrs**
50 50
Other contributory causes of importance:

Name of operation **Removal of breast** Date of **June 1932**
What test confirmed diagnosis? **Lab.** 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 **John Cameron** M. D.
(Signed) **John Cameron** M. D.
(Address) **508 N. Grand Blvd.**

Mr. E. Emerson

West Bay

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