

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Jackson</u>		Registration District No.	<u>399</u>
Township			File No.	<u>5275</u>
Village			Primary Registration District No.	<u>1002</u>
City	<u>St. James City</u>		Registered No.	<u>490</u>
FULL NAME <u>Mr. Elizabeth Mc Cabe</u>			[If death occurred in a hospital or institution, give its NAME instead of street and number]	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH	
<u>Female</u>	<u>White</u>	<u>Widow</u>	<u>Feb 12</u> , 191 <u>2</u>	
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from	
<u>Feb 10</u> , 18 <u>85</u>			<u>Oct - 10</u> , 191 <u>2</u> , to <u>Feb - 12</u> , 191 <u>2</u>	
AGE			that I last saw her alive on	
<u>57</u> yrs. <u>7</u> mos. <u>2</u> ds.			<u>2-12-1912</u>	
OCCUPATION (a) Trade, profession, or particular kind of work			and that death occurred, on the date stated above, at <u>11 40</u> a.m.	
<u>at home</u>			The CAUSE OF DEATH* was as follows:	
(b) General nature of industry, business, or establishment in which employed (or employer)			<u>Carcinoma of Uterus</u>	
<u>9-0</u>			<u>48</u>	
BIRTHPLACE (City or town, State or foreign country)			(Duration) <u>2</u> yrs. <u>1</u> mos. <u>1</u> ds.	
<u>Indiana</u>			Contributory <u>4-10-1912</u>	
PARENTS	NAME OF FATHER	<u>David Bourke</u>	(Duration) <u>4</u> yrs. <u>1</u> mos. <u>1</u> ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>Ireland</u>	(Signed) <u>E. A. T. M. D.</u>	
	MAIDEN NAME OF MOTHER	<u>Unknown Porter</u>	<u>2/13/1912</u> (Address) <u>St. James City</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>Ireland</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).	
(Informant) <u>Frank E. Mc Cabe</u>			At place of death <u>2</u> yrs. <u>1</u> mos. <u>1</u> ds. In the <u>2</u> mos. <u>1</u> ds.	
(ADDRESS) <u>119 N. Hendricks</u>			Where was disease contracted If not at place of death?	
FILED <u>FEB 13 1912</u>			Former or usual residence	
REGISTRAR <u>W. S. Wheeler</u>			PLACE OF BURIAL OR REMOVAL	
			<u>St. Marys</u>	
			DATE OF BURIAL	
			<u>2-14</u> , 191 <u>2</u>	
			UNDERTAKER	
			<u>E. J. O'Donnell</u>	
			ADDRESS	
			<u>1109 Bldg</u>	