

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

Do not use this space.

6182

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St Louis** (No. **3935**, **McPherson**)..... St. **1360** (Ward)

2. FULL NAME

(a) Residence. No. **Bridget E. Dailey** St. **19** Ward.....
 (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.

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 **Peter P. Dailey**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 70

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **William Fletcher**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Mary Howard**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT (Address) **Joseph Dailey**
3935 McPherson

15. FEB - 8 1921 **Max B. Starckoff**
 FILED..... 19.....
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 7 1927**

17. I HEREBY CERTIFY That I attended deceased from **May 10**, 19**26**, to **Feb 7**, 19**27** that I last saw her alive on **Feb 6**, 19**27**, and that death occurred, on the date stated above, at **8:30 a. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis Chronic
Non Tubercular
15613 (duration) **1** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **9913** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physicere Exam**
 (Signed) **St. J. O'Keefe**, M. D.

Feb 7, 19**27** (Address) **3701 Woodminster Pl**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Library** DATE OF BURIAL **2-9-1927**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Ward**

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.

3701 Westminster

Lea. 6585