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.

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

Do not use this space.

9996

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2572

City St. Louis (No. 2126 Lafayette Ave St. ..... Ward)

2. FULL NAME WILLIAM THOMAS McILROY

(a) Residence. No. ..... St., 23 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: Male

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: Husband of Mary P. McIlroy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 1864.

7. AGE: 62. YEARS, 6. MONTHS, 10. DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Hotel Keeper.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer: Self.

9. BIRTHPLACE (CITY OR TOWN) Dalton
(STATE OR COUNTRY) Texas.

PARENTS

10. NAME OF FATHER: Thomas J. McIlroy

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

12. MAIDEN NAME OF MOTHER: Polly White.

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

14. INFORMANT: Mrs Mary P. McIlroy
(Address) 2126 Lafayette ave

15. FILED MAR 15 1927 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/14 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1926 to Mch 14, 1927, that I last saw him alive on Mch 13, 1927, and that death occurred, on the date stated above, at 7 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatic Cirrhosis
Alcoholic
1244 about
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 122 N (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? Clinical

(Signed) D. C. Todd, M. D.

3/14, 1927 (Address) 4503 Page

*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: Pochahontas, Ark.

DATE OF BURIAL: March 17 1927

20. UNDERTAKER: McLaughlin

ADDRESS: 1631 Missouri