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

Do not use this space.

13748

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Stharis Mo (No. Alexian Bros Hosp St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Timothy Dineen

(a) Residence. No. 710 Geyer ave 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Dineen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16-1849.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	8	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Iron Worker

(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.

PARENTS

10. NAME OF FATHER Daniel Dineen

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

12. MAIDEN NAME OF MOTHER Don't Know

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

14. INFORMANT Geo Dineen
(Address) 3979 Minnesota Stharis

15. FILED APR ..... 19.. Mar C Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29, 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1927, to April 29, 1927 that I last saw him alive on April 29, 1927, and that death occurred, on the date stated above, at 11.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

936 Chr Myocarditis

10 90B

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis - Chr Bronchitis Non Tubercular (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? Usual

(Signed) Leo P. Young MD, M. D

Apr. 30, 1927 (Address) Hill Bldg. 2604 Grovois

*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	DATE OF BURIAL
S S Peter & Paul Cem	5-2 1927

20. UNDERTAKER	ADDRESS
Weick Bros 2201 So Grand	

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.