

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16217

1. PLACE OF DEATH

County St. Louis Registration District No. 798
 Township Central Primary Registration District No. 6533
 City Richmond Mo (No. New St. Marys Hospital St. 178 Ward)

File No. _____
 Registered No. _____

2. FULL NAME

James Dwyer
 (a) Residence. No. 4057 Castleman St., 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18th 1861

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>5</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Track Foreman
 (b) General nature of industry, business, or establishment in which employed (or employer) United R. R. Co
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Iron Mountain Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Thomas Dwyer

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

12. MAIDEN NAME OF MOTHER Catherine Duigle

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

14. INFORMANT John Dwyer
 (Address) 4057 Castleman

15. FILED 5/10/27 J. B. Kidwith
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9th 1927

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1927, to May 8, 1927, that I last saw him alive on May 8, 1927, and that death occurred, on the date stated above, at 12:40 a.m.

THE CAUSE OF DEATH* as follows:

Uremia -
131 Nephritis Chronic purulent.
132 B.A. G.W. (duration) _____ yrs. mos. da.
 CONTRIBUTORY same
 (SECONDARY) (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no. DATE OF x

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
 (Signed) Kenny S. Brookes, M. D.

May 9, 1927 (Address) Richmond Lafayette

*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 Calvary Cemetery DATE OF BURIAL 5-11 1927

20. UNDERTAKER Petz Bros. 3029 Lafayette ADDRESS

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.

Record - Clouston

10-1927

1924