

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

Do not use this space.

25620

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. 5114, Ridge)

Ridge

File No.....

Registered No.....

7217

St.....

Ward.....

2. FULL NAME

Mosa (Galvin) Galvin

(a) Residence, No. 5114 Ridge St.,

Ward 6

(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

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

Aug L.

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

July 5, 1858

7. AGE

YEARS

MONTHS

Days

If LESS than 1 day, hrs. or min.

69

1

2

8. OCCUPATION OF DECEASED

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

House work

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

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

John Casey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

John J. Curran

5114 Ridge

15.

FILED

19

AUG -9 1927

Mail B. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 7 -

1927

17.

I HEREBY CERTIFY, That I attended deceased from June 16, 1927, to June Aug 7, 1927, and that I last saw her alive on Aug 30, 1927, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131

655

1 Deile dilatation of Heart

Chronic Coronary atherosclerosis (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Pericarditis (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

John W. Curran

M. D.

Aug 7, 1927 (Address) 1703 S. Grand a.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cabary

Aug 10 1927

20. UNDERTAKER

ADDRESS

Cuthbert Kelly

4524 Easton

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.

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