

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.

OCT 24 1927

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

Do not use this

26583

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85

Primary Registration District No. 1001
(No. St. Joseph Hospital)

File No. _____
Registered No. 986
St. _____ Ward _____

2. FULL NAME

Ellen Igoe

(a) Residence, No. 1208 Henry St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 58 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)

widow

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Michael F. Igoe

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

About 1850

7. AGE

YEARS 77 MONTHS _____ DAYS _____
If LESS than 1 day, _____ hrs. or _____ min.

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

James Loftens

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) Ireland

14.

INFORMANT Mr Michael Igoe
(Address) St Joseph Mo.

FILED SEP 26 1927 19. _____
John G. W. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Sept 25 1927

17.

I HEREBY CERTIFY, That I attended deceased from Sept 20/27 to Sept 25, 1927, and that I last saw him alive on Sept 27, 1927, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
108
PCA

(duration) _____ yrs. mos. ds. 7

CONTRIBUTORY (SECONDARY)

Subst insufficiency

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

St Joseph Mo
IF NOT AT PLACE OF DEATH, _____
DISEASE OPERATED PRECEDING DEATH, _____ DATE OF _____

19. WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical examination

(Signed) J. J. Thompson, M. D.

(Address) 825. Charles

*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

St Olivet Cemetery Sept 28 1927

20. UNDERTAKER

Rock Funeral Home - 904 W. 11th

