

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

Do not use this space.

32020

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **Jewish Hospital**)

File No.
Registered No. **9390**
St. Ward)

2. FULL NAME

Mary McDonagh
(a) Residence, No. **1271 Maguer Terrace** St., **6** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **single**

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

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

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------------|----------|----------|----------|----------------------------------|
| About 38 | — | — | — | |

8. OCCUPATION OF DECEASED

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

Patrick McDonagh

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER

Mary Shannon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

14.

INFORMANT **Owen M. McDonagh**
(Address) **5927 Wabado**

15.

FILED **OCT 22 1927** **Max C. Starkeoff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **10/21 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 30**, 19**27**, to **10/21**, 19**27**, that I last saw him alive on **10/20**, 19**27**, and that death occurred, on the date stated above, at **12** o'clock.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Miliary Tuberculosis
32A 370
..... yrs. **3** mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**

(Signed) **J. J. [Signature]**, M. D.

10/21 1927 (Address) **Beaumont Med Bldg**

*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

Cemetery **10-24 1927**

20. UNDERTAKER

ADDRESS

Arthur J. Connelly **2039 W. 40th**

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.

Wm Singer
3720 Washington

J 4956

10-12