

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

Do not use this space.

35154

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **10328**
St. Ward)

2. FULL NAME

(a) Residence. No. **3611 Paris ave** St. **10** 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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Julia Colony Scully
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12 - 1860

7. AGE YEARS MONTHS DAYS
66 11 4
If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Shoe worker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Richard Scully

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

12. MAIDEN NAME OF MOTHER Christina Dawson

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

14. INFORMANT J. J. Scully Jr.
(Address) 3611 Paris ave

15. FILED NOV 18 1927 max. b. starter
RECORDED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16/27/19

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1927, to Nov 16, 1927, that I last saw deceased alive on Nov 10, 1927, and that death occurred, on the date stated above, at 10:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophied Rt. kidney; Malignant

13.11.9 (duration) yrs. 7 mos. - ds.

CONTRIBUTORY Ch. Infl. of the nephros
(SECONDARY) art. felix (duration) 2 yrs. - ds.
Rt. ureteral calculus, Prostatic hypertrophy

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? X Ray Urinary
(Signed) R. Bremer, M. D.

(Address) 1117 N. Grand Blvd

*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 Nov 19 1927

20. UNDERTAKER Stork & Carroll
ADDRESS 4600 Federal Bridge

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.

DEPARTMENT RECORD

