

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

Do not use this space.

38806

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **St. Johns Hospital**)

File No.

Registered No. **11538**

St.

Ward)

2. FULL NAME *Bridget A McNamee*

(a) Residence. No. *2312 University* 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.

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)

Widow

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

Owen McNamee

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

Unknown 1860

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

abn 67

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)

Missouri

10. NAME OF FATHER

Thomas Mangan

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)

Mary A McNamee

2312 University St

15.

FILED

DEC 25 1927

Miss C Starkes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12 23 1927

17.

I HEREBY CERTIFY, That I attended deceased from *December 22*, 19*27*, to *Dec 23*, 19*27* that I last saw *her* alive on *Dec 23*, 19*27*, and that death occurred, on the date stated above, at *2 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction
12 P

CONTRIBUTORY (SECONDARY)

Fecal Impaction (duration) _____ yrs. _____ mos. *3* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

118 B B

DID AN OPERATION PRECEDE DEATH? *No* DATE OF *Dec 23rd 10 AM*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Chemical and at operation*

(Signed) *A. P. Murrell*, M. D.

Dec 24, 19*27* (Address) *206 1 Humboldt 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

6 abn ary

12-26 1927

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 Wash St

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.

Her. ...
11th ...