

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

Do not use this space.

2780

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 2816 Washington Ave.) St. 21 Ward 21
 Registered No. 355

2. FULL NAME

Harriette Mahoney
 (a) Residence. No. 2816 Washington St., 21 Ward. (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 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 Linnodesy Mahoney
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-15-1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 25
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 10. NAME OF FATHER Unknown Murphy
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 12. MAIDEN NAME OF MOTHER Bridget Halpin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT James Noonan
 (Address) 2816 Washington

15. FILED NOV 11 1928 Max C. Starceoff
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9 1928
 17. I HEREBY CERTIFY That I attended deceased from Jan 9 1928 to Jan 9 1928
 that I last saw her alive on Jan 7 1928, and that death occurred, on the date stated above, at 7:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
107A
167 / 07A (duration) yrs. mos. ds.
 CONTRIBUTORY Age (SECONDARY) (duration) yrs. mos. ds.

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) John W. Brennan, M. D.
1-11 5229 (Address) 2847 Olive

*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 Ceme. DATE OF BURIAL Jan 12, 1928
 20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmas

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.

