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

Do not use this space. ✓

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1. PLACE OF DEATH

County ..... Registration District No. 791 File No. F 960

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 327 N Boyle St. ..... Ward)

2. FULL NAME Margaret Lally

(a) Residence. No. ..... St., 19 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: 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: Edward Lally

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 19 - 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	10	6	

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): St Louis

PARENTS

10. NAME OF FATHER: John Breslin
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): "

14. INFORMANT: John Lally
(Address) 327 N. Boyle

15. FILED ..... 19 ..... 1928 Mark Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 24th, 1927, to Jan 25th, 1928, that I last saw her alive on Jan 25th, 1928, and that death occurred, on the date stated above, at 1 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchi-Pneumonia
107A
97
..... (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
..... (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N.A.
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Fred R. Gille, M. D
1/26, 1928 (Address) 2702 N. Grand Ave.

*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
DATE OF BURIAL: 1/28 1928

20. UNDERTAKER: Harrigan & Sheahan
ADDRESS: 1413 Washington

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.