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.

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

Do not use this space.

11334

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3173

City St Louis Mo. (No. St Louis Mullanphy Hospital St. ..... Ward)

2. FULL NAME John Francis Gorman

(a) Residence. No. 1508 N. 11th St. St., 25 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17th 1876

7. AGE: Years 51. Months 4 Days 2. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Oiler
(b) General nature of industry, business, or establishment in which employed (or employer): Water Works
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Thomas Gorman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Cath Powers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT John J. Murphy Jr
(Address) 2518 Howard St

15. FILED 21 1928, 19 Max C Starkeff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1928, to March 19th, 1928, that I last saw him alive on March 19th, 1928, and that death occurred, on the date stated above, at 2.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystitis
127 B
(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Cholangitis
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 127 B
IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 19th 1928

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Fred P. Jelle, M. D
3/20, 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: Mch. 22 1928

20. UNDERTAKER: Aug Brockland L&M Co
ADDRESS: 1421 N. 9 St