

JUN 4 1928

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

Do not use this space.

14762

1. PLACE OF DEATH

County... St. Louis Registration District No. 1170
Township... Central Primary Registration District No. 6248 H
City... Richmond Heights (No. St. Marys Hospital) St. St. Louis, Mo. (Ward)

File No. _____
Registered No. 84

2. FULL NAME

Annie Hagney
(a) Residence. No. 4119 Hartford St. Ward. St. Louis, Mo.
(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) Married
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Desmond R Hagney
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 24

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) Mo

10. NAME OF FATHER Jeremiah Murphy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary McDonald
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Desmond R Hagney
(Address) 4119 Hartford St

15. FILED 44 19 28 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-5-1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to April 5, 1928 that I last saw her alive on April 4, 1928, and that death occurred, on the date stated above, at 7:05 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma uteri
(duration) (?) yrs. mos. ds.
CONTRIBUTORY Fracture right femur (SECONDARY) (duration) yrs. 3 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 46
IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHICH TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) W. H. Clithero, M. D.
, 19 (Address) 700 Curleton 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 Library DATE OF BURIAL 4-9 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

