

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

Do not use this space.

45120

15387

File No. _____
Registered No. 4321 _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. 4944 Page B.) St. _____ Ward _____

2. FULL NAME

Harry C. McCaffery
(a) Residence. No. 4944 Page B. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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 Elicia McCaffery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25 - 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 4 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Specia Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Government
(c) Name of employer Retired

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

10. NAME OF FATHER John McCaffery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Jane Maguire

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT D. J. J. McCaffery
(Address) 4944 Page B.

15. FILED 21 1928 Max C. Stankoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from April 17, 1928 to April 19, 1928 that I last saw him alive on April 17, 1928, and that death occurred on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
Metastatic
Cerebral Hemorrhage
Apoplexy

CONTRIBUTORY (SECONDARY) Apoplexy (duration) yrs. mos. da. 7 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: NO

DID AN OPERATION PRECEDE DEATH: NO DATE OF _____

WAS THERE AN AUTOPSY: NO
WHAT TEST CONFIRMED DIAGNOSIS: Chemical
(Signed) J. M. Pittman, M. D.

(Address) 1104 West 130

*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 Cadwary Cemetery DATE OF BURIAL Apr 21 1928

20. UNDERTAKER Cullman Bros ADDRESS 1104 West 130

K. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

414 B. Newark

Or

Taylor + ...