

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

Do not use this space.

18200

1. PLACE OF DEATH

County St Charles

Registration District No. 757

File No. 18200

Township St Charles Mo

Primary Registration District No. 3036

Registered No. 77

City St Charles Mo

(No. Sacred Heart Cemetery St. Ward)

2. FULL NAME

Sister Margaret Joy

(a) Residence. No. 619 North Second St. Ward

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 6 mos. da. How long in U.S., if of foreign birth? 45 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

December 20th 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

82

82

5

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Crossmaglen

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

Thomas Joy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Mary Mc Dowell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

Mother Catherine Warren

(Address)

619 N. Second St

15.

FILED

5/25/28

By G. Blackam

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22, 1928

17.

I HEREBY CERTIFY, That I attended deceased from May 6th, 1928, to May 21st, 1928, that I last saw her alive on May 21st, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

CONTRIBUTORY (SECONDARY) Intestinal + Liver Metastasis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

6 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) B. P. Walker, M. D.

5/24, 1928 (Address) St. Charles Mo.

*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

DATE OF BURIAL

Sacred Heart Cemetery

May 24 1928

20. UNDERTAKER

ADDRESS

McDowell Ave St Louis 60

St Charles Mo

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.

