

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

Do not use this space.

18485

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **4833**

City **St. Louis**

No. **West**

City **West**

St.

Ward)

2. FULL NAME

(a) Residence. No. **4137 Dunlap**

St. **18**

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **60** yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX **Female** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. If ~~Married~~ WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas Canley**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 10/1853**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
74 11 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) **New York**
(STATE OR COUNTRY)

10. NAME OF FATHER **Thomas Gaughan**

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

12. MAIDEN NAME OF MOTHER **Budget Mahesty**

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

14. INFORMANT **E. K. ...**
(Address) **West ...**

15. FILED **May 1928**
19... **May 1928**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 1 1928**

17. I HEREBY CERTIFY That I attended deceased from **April 27** 19... to **May 1** 19... and that I last saw her alive on **May 1** 19... and that death occurred, on the date stated above, at **11:58 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Chronic Hypertension
Spontaneous neck bleed - deep to a fall - accident**

CONTRIBUTORY **Edna Tremora**
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED **185**
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Arthur M. Smith**, M. D.

1928 (Address) **West ...**

*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 **St. Peter's Cemetery (Kirkwood)**

DATE OF BURIAL **5-4 1928**

20. UNDERTAKER **Kriegshauser Undert Co. Manchester Mo.**

ADDRESS **41040**

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.

PERMANENT RECORD

Buley