

6 2 9 1928

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*
Township *Central*
City (No.) St. Ward)

Registration District No. *189*
Primary Registration District No. *6033B*

File No. *25011*
Registered No. *2134*

2. FULL NAME

Margaret M. Carmody
(a) Residence. No. *6150 Etzel* St. Ward

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widowed*

5A. ~~UNMARRIED~~ WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *Garrett L. Carmody*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 6 - 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hra. or ...min. *65 66 11 15*

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) *St. Louis Mo.* (STATE OR COUNTRY)

10. NAME OF FATHER *Philip Devereaux*

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

12. MAIDEN NAME OF MOTHER *Catherine Casey*

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

14. INFORMANT *Mrs. M. E. Conaha* (Address) *6150 Etzel ave.*

15. FILED *9/23*, 1928 *Irma Tracy M.D.* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 21 1928*

17. I HEREBY CERTIFY, That I attended deceased from *7/14*, 1928, to *7/21 - 21*, 1928 that I last saw him *aw.* alive on *7/14*, 1928, and that death occurred, on the date stated above, at *2:15 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cocci in contents of Abdominal
Caecum
Caecum (duration) yrs. mos. ds. *3*
CONTRIBUTORY (SECONDARY) *Caecum* (duration) yrs. mos. ds. *3*

18. WHERE WAS DISEASE CONTRACTED *45* IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *4/16/1927*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Operatory Laparotomy 4/16/27* (Signed) *Arthur H. Newell*, M.D. *7/22*, 1928 (Address) *411 Wall St. 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 *Calvary Cemetery* DATE OF BURIAL *July 24 1928*

20. UNDERTAKER *Cullinane Bros.* (ADDRESS) *1710 N. Grand*

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.

Dr. Newell

Wall Bldg.

Underwriter & Line