

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. *10*  
 Township..... Primary Registration District No. *505*  
 City *St. Louis, Mo.* (No. *Sanitarrum*)..... St. .... Ward)

File No. *25253*  
 Registered No. *7053*

**2. FULL NAME**

*Katie Mc Gilligan*  
 (a) Residence. No. *4140 Natural Bridge Blvd. 13* Ward. .... (If nonresident give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred *51* yrs. + mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) *7/27/28* 19  
 17. I HEREBY CERTIFY, That I attended deceased from *7/27/28* 19 to *7/27/28* 19, and that I last saw him alive on *7/27/28* 19, and that death occurred, on the date stated above, at *7:45 P.M.*

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Tobacco Pneumonia*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown*  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*about 60*

CONTRIBUTORY (SECONDARY) *101A* (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... *No* DATE OF.....  
 WAS THERE AN AUTOPSY..... *No*  
 WHAT TEST CONFIRMED DIAGNOSIS: *Physical*  
 (Signed) *Frank J. Tobler*, M. D.  
*7/1/28*, 19 (Address) *5300 Annual*

9. BIRTHPLACE (CITY OR TOWN) *Unknown*  
 (STATE OR COUNTRY) *Ireland*

10. NAME OF FATHER *Unknown*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *Frank J. Tobler*  
 (Address) *5300 Annual*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Colony* DATE OF BURIAL *July 7 1928*

15. FILED *Max C. Stanley* REGISTRAR

20. UNDERTAKER *Bullen Kelly* ADDRESS *4526 Easton*

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.

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