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. 791 File No. 25923

Township ..... Primary Registration District No. 1003 Registered No. 7783

City St. Louis (No. 935 Maryville Ave St. ..... Ward)

2. FULL NAME James Gorman

(a) Residence. No. 935 Maryville Ave St., 5 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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.

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: Minnie Gorman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 2 - 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	5	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Produce Mcht
(b) General nature of industry, business, or establishment in which employed (or employer): F. P.
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS

10. NAME OF FATHER: Patrick Gorman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Ellen Rigney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs Minnie Gorman
(Address) 935 Maryville Ave

15. FILED: Jul 28 1928 19 Wm C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27 1928

17. I HEREBY CERTIFY That I attended deceased from June 20, 1928 to July 27, 1928 that I last saw him alive on July 26, 1928 and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pernicious Anemia.

78A

5800

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) —

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Blood examination.

(Signed) Wm J. Langan Jr., M. D

July 27, 1928 (Address) 5803 Plymouth Av.

*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: Memorial Park
DATE OF BURIAL: July 30 1928

20. UNDERTAKER: A. Kron L. & U. Co
ADDRESS: 2707 N. Grand

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.

...INK—THIS IS A PERMANENT RECORD