

NOV 22 1929

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

Do not use this space.

34181

1. PLACE OF DEATH

County Marion  
Township Mason  
City Hannibal (No. 104, North Seventh)

Registration District No. 547  
Primary Registration District No. 3072

File No. \_\_\_\_\_  
Registered No. 291  
St. 2 (Ward)

2. FULL NAME

Margaret Coughlin

(a) Residence. No. 104 North 7<sup>th</sup> St., 2 Ward.

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? 48 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
About 68 | — | —

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) (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Daniel Coughlin

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

12. MAIDEN NAME OF MOTHER Mary Coughlin

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

14. INFORMANT Maurice V. Orendeaers (Address) Hannibal, Mo.

15. FILED 1931 38 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28. 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1928, to Oct. 28, 1928, that I last saw h... alive on Oct. 28, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Heart failure

CONTRIBUTORY Chronic Myocarditis (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Mitral disease (duration) 5 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at home (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
IF NOT AT PLACE OF DEATH...  
DID AN OPERATION PRECEDE DEATH? No DATE OF...  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DISEASE? Micro H. of tissues  
(Signed) H. H. Hays, M. D.  
, 19 (Address) Hannibal, 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 St. Mary's Cemetery DATE OF BURIAL Oct. 30 1928

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal

WHITE PRINT, WITH OUTFRONT 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.

