EC 26 1928

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

Do not use this space.

36080

File No. ____
Registered No. 1255

1. PLACE OF DEATH

County: Buchanan
Registration District No. 85
Township: ____
Primary Registration District No. 1001
City: St. Joseph (No. 724 No. 5th. St. ____ Ward)

2. FULL NAME Mary Hartigan.

(a) Residence. No. 724 No. 5th. St., ____ Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. ____ mos. ____ ds. How long in U.S., if of foreign birth? 80 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 29, ~~1828~~ 1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	84	8	4	

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): ____
(c) Name of employer: ____

9. BIRTHPLACE (CITY OR TOWN) County Limerick
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER John Reardon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) County Limerick
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Anna Fitzgerald
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

14. INFORMANT James R. Hartigan
(ADDRESS) 724 No. 5th.

15. FILED NOV 5, 1928 John G. Ott REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1928, to Nov. 3, 1928, that I last saw h. or alive on Nov. 3, 1928, and that death occurred, on the date stated above, at 10:05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chg.
Tox. 708
(duration) ____ yrs. 7 mos. ____ ds.

CONTRIBUTORY (SECONDARY) Dysentery
(duration) ____ yrs. ____ mos. 14 ds.

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? Clinical
(Signed) Frank H. Hartigan, M. D.
Nov. 3, 1928 (Address) Kirkpatrick 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: Mt. Olivet Cemetery
DATE OF BURIAL: Nov. 6 1928

20. UNDERTAKER: H. Eidenfaden
ADDRESS: 1802 Union St.

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.