

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

Do not use this space.

25726

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 789
Primary Registration District No. 6033
(No. 6825 Natural Bridge St. _____ Ward)

File No. _____
Registered No. 239

2. FULL NAME

Mary Corcoran

(a) Residence No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James W. Corcoran</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>September 1858</u> | | |
| 7. AGE <u>71</u> | YEARS | MONTHS |
| | | DAYS |
| | | If LESS than 1 day, _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>At Home</u> (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) <u>St. Louis, Mo.</u> | | |
| PARENTS | 10. NAME OF FATHER <u>Thomas C. Borican</u> | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> | |
| | 12. MAIDEN NAME OF MOTHER <u>Unknown</u> | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> | | |
| 14. INFORMANT <u>Charles J. Corcoran</u> (Address) <u>825 N 14th St</u> | | |

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 7/26 1929

16. I HEREBY CERTIFY, That I attended deceased from 1927 19. to 7/26/29 19. that I last saw her alive on 7/26/1929 19. and that death occurred, on the date stated above, at 1145 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Infarct Resuscitation

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) None known (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
at home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John M. Bradley M. D.
7/26 1929 (Address) 4425 Washington

*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 <u>Cabany</u> | DATE OF BURIAL <u>7-29 1929</u> |
| 20. UNDERTAKER <u>Arthur J. Donnelly</u> | ADDRESS <u>2539 Wash St</u> |

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.

IMPROVEMENT RECORD

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FILED 7/27 1929 Willa Bracy M.D. REGISTRAR

Dr. J. M. Bradley
4425 Washington

Dec. 30/6

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