

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

26 1929
51
6

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

Do not use this space.

28168

1. PLACE OF DEATH

County Jefferson
Township Blackburn
City Herculaneum No.

Registration District No. 421
Primary Registration District No. 3373-

File No.
Registered No. 18.
St. Ward)

2. FULL NAME

Bridget M. Dechue

(a) Residence. No. 740 Herculaneum 240 St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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 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) Oct 19 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 12

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) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington County
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Frank O'Keefe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington County
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Sophie Coleman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington County
(STATE OR COUNTRY) Mo

14. INFORMANT J W O'Keefe
(Address) Herculaneum Mo

15. FILED 8/12 1929 J E. Hutchings REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1928 to Aug 10, 1929 that I last saw her alive on Aug 10, 1929 and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cardiac decompensation
131
921
(duration) 2 yrs 7 mos ds.

CONTRIBUTORY (SECONDARY) nephritis, chronic valvular disease, hypertension (duration) 5 yrs 7 mos ds.

18. WHERE WAS DISEASE CONTRA CTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) H. W. O'Sullivan M. D.

(Address) Herculaneum, 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 Herculaneum Mo DATE OF BURIAL Aug 13 1929

20. UNDERTAKER Wheeler & Veyard ADDRESS Terles Mo

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.

