

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

Do not use this space.

37280

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Waverly (No. 1000)

Registration District No. **399**

Primary Registration District No. 100

File No. \_\_\_\_\_  
Registered No. 4750  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2201 Benton Blvd Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>mch 30<sup>th</sup> 1878</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>7</u>	DAYS <u>20</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Catholic Priest  
(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)**

Zanesville Ohio

**10. NAME OF FATHER**

no data

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

no data

**12. MAIDEN NAME OF MOTHER**

no data

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

no data

**14.**

INFORMANT Rev J. B. Hegarty, S.P.  
(Address) 2201 Benton Blvd

**15.**

FILED 11/20, 1929 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/20/29 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 14<sup>th</sup> 1929, 1929 to Nov 20<sup>th</sup> 1929, 1929 that I last saw h. alive on Nov 20, 1929, and that death occurred, on the date stated above, at 6:45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
82-A

(duration), \_\_\_\_\_ yrs. mos. 3 ds.

**CONTRIBUTORY (SECONDARY)**

Hypertension

(duration), 5 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) Paul J. O'Rourke  
11/20, 1929 (Address) 336 Luther of Ohio

\*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**

Zanesville Ohio

**DATE OF BURIAL**

11/21/29 1929

**20. UNDERTAKER**

H. J. Mayberry W. City Mo

WRITE PLAINLY, WITH UNFADING 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.

19  
2  
31

