

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

Do not use this space.

43334

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 4833) Cts. Brilliant St. 38 Ward)

**2. FULL NAME**

Mary Roach  
 (a) Residence, No. 4833 Cts. Brilliant Ward 6  
 (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.

**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>Terrence</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 1 1853</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>76</u>	<u>1</u>	<u>30</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Work</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>At Home</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>				
10. NAME OF FATHER <u>Mike Lahey</u>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
12. MAIDEN NAME OF MOTHER <u>Anna Butler</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1929, to Nov 31, 1929 that I last saw her alive on Nov 30, 1929, and that death occurred, on the date stated above, at 9:50 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Brain  
91 stroke  
Cerebral Hemorrhage  
 (duration) yrs. mos. ds. 4

CONTRIBUTORY (SECONDARY) Arteriosclerosis  
 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 7401  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) J. W. Madgwick, M. D.  
 (Address) 5529 Franklin

\*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.

14. INFORMANT <u>Terrence Roach</u> (Address) <u>4833 Cts. Brilliant</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Jerseyville Ill</u>	DATE OF BURIAL <u>Jan 3 1930</u>
15. FILED <u>1441 - 2 1930</u> <u>Max C. Stanley</u> REGISTRAR	20. UNDERTAKER <u>Cullen Kelly</u>	ADDRESS <u>4829 Easton</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.

RECORD THIS IS A PERMANENT RECORD

233  
2  
13

3529 Franklin

3 to 6 PM

10 to 12 PM