

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

Do not use this space.

1158

1. PLACE OF DEATH

County Jackson
Township Navy
City N.C. (No. St Joseph Hosp)

Registration District No. 399
Primary Registration District No. 707

File No. _____
Registered No. 1250
St. _____ Ward) _____

2. FULL NAME

Mrs Lillian P. Harrigan
(a) Residence. No. 4017 Summit St. 7 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo M Harrigan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>52</u>	<u>1</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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) Ill

PARENTS

10. NAME OF FATHER Gas B O'Connor

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 Geo M Harrigan
(Address) 4017 Summit St

15. FILED Jan 20 1930 M. M. Croome REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/11/30 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1929 to Jan 11, 1930 that I last saw h. alive on Jan 11, 1930, and that death occurred, on the date stated above, at 1235 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignant Acute
Leukemia
130
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancer of uterus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 46

DID AN OPERATION PRECEDE DEATH? yp DATE OF Nov 7, 29

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) W. M. Hutchinson, M. D.
1/11, 1930 (Address) 4017 Summit St

*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 DATE OF BURIAL

St Marys Cem 1/13/30 19

20. UNDERTAKER H. F. Mayberry ADDRESS 126 N. City St

K. E.—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.

MS 67080