

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

Do not use this space.

6619

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City.....  
 Registration District No. 781  
 Precinct No. 1002  
 Registered No. 1437  
 St. St. Mary's Infirmary Ward.....

**2. FULL NAME**

(a) Residence. No. 1914 La Salle St., ..... Ward.....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 19 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 Male 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) July 17, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
53 | 6 | 20

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Maurice Frawley

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

12. MAIDEN NAME OF MOTHER Mary Cunningham

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

14. INFORMANT Kate Frawley  
 (Address) Prarie Durochet

15. FILED May C. Hanker  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/14, 1929, to 2/7, 1930  
 that I last saw h. alive on 2/7/30, and that death occurred, on the date stated above, at 4/10 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
465  
129 UW  
67 General peritonitis  
 (duration)..... yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY).....  
 (duration)..... yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/28/30

WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) W. P. Light, M. D.

(Address) St. Mary's Inf.  
 \*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Feb. 10, 1930

20. UNDERTAKER G. E. Cobb ADDRESS 2115 California

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.

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