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

Do not use this space.

18027

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Anthony Hospital St. ..... Ward)

File No. .....

Registered No. 5181.

2. FULL NAME Joseph P. Mc Namee.

(a) Residence. No. 3637 Bowen 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gussie McNamee.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	6	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer) Owner

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER Peter McNamee

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

12. MAIDEN NAME OF MOTHER Mary Mullen

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

14. INFORMANT Mrs Gussie McNamee
(Address) 3637 Bowen St.

15. FILED MAY 27, 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25, 1930.

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1930 to May 25, 1930 that I last saw him alive on May 24, 1930, and that death occurred, on the date stated above, at 8:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Pulmonary abscess
114B
1000

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Broncho-pneumonia

(duration) ..... yrs. ..... mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 3637 Bowen

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Xray & Clinical fitting

(Signed) Owen J. McCaswell M. D.

, 19 (Address) 7605 Michigan

*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
Mt. Olive Ceme'ty	May 28, 1930
20. UNDERTAKER	ADDRESS 6320
Southern Und. Co	S. Grand.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PATERNALISM 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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