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

Do not use this space.

27895

1. PLACE OF DEATH
County St Louis Registration District No. 1170 File No.
Township Primary Registration District No. 6248 H Registered No. 191
City Richmond Ps Mo (No. St. Marys Hospital St. Ward)

2. FULL NAME Katherine Doogan
(a) Residence. No. St., Ward. East St. Louis Ill
(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 Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh Doogan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11-1870

7. AGE 60 YEARS MONTHS 0 DAYS 21 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Kingston
(STATE OR COUNTRY) N.Y.

PARENTS
10. NAME OF FATHER John Quinlin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Gary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Perry Quinlin
(Address) East St. Louis.

15. FILED 8/2 1930 G. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1930, to Aug 1st, 1930 that I last saw her alive on Aug 1, 1930 and that death occurred, on the date stated above, at 4 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency
Nephritis Chronic
Arterio Sclerosis Chr
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hyperthyroidism
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Hyroidectomy
DID AN OPERATION PRECEDE DEATH? yes no DATE OF 7-29-30
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Seabold, M.D.
8-1, 1930 (Address) Carleton Bldg

*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 Ottumwa Iowa
DATE OF BURIAL 8-4 1930

20. UNDERTAKER Walsh Und.
ADDRESS East St. Louis Ill

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.

1930