

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

Do not use this space.

28071

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1005
 City St. Louis No. Alexander Bros Hospital St. _____ Ward _____

File No. _____
 Registered No. 7905

2. FULL NAME

Thomas J. Rafferty
 (a) Residence. No. 5115 Kensington St. 12 Ward. _____
 (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 20 - 1858</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	
		DAYS
		<u>18</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Nurs Paper Editor</u>		
(b) General nature of Industry, business, or establishment in which employed (or employer) _____		
(c) Name of employer <u>Western Watchman</u>		
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>St. Joseph Mo</u>		
PARENTS	10. NAME OF FATHER <u>William</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u>	
	12. MAIDEN NAME OF MOTHER <u>Ann</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u>	

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1928 to Aug 7, 1930, that I last saw him alive on Aug 6, 1930, and that death occurred, on the date stated above, at 12:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Arterio-sclerosis
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
 (duration) 2 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical course
 (Signed) W. A. Schmeissner M.D. M. D.
 (Address) 2708 Lynch St. St. Louis Mo

*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 Michael O'Rourke
 (Address) 1710 N Grand Blvd

15. FILED 116-8 May 21 1931 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Aug 9 1930

20. UNDERTAKER Cullinan Bros ADDRESS 1710 N Grand Blvd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

