DEC 22 1936

(Usual place of abode)

Length of residence in city or town where death occurred

statement of OCCUPATION is very

N. B.—Every item of information successive CAUSE OF DEATH in plain terms, so that it

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

Do	not	0.96	this	space.

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PLACE OF DEATH				14 ict No. 4211
county Henry	7	Registration Dist	rict No	
Township		Primary Registrat	lon Distri	ict No.
Cityវ៉ាក្នុក្សន	10.2 (1			
FILL NAME	Delia Gro	gan		
/ \ D. 11				Ward

	_		′	-	_	
Füe	No					••••••
Regi	atered	l No	- O	7	•	•••••
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t.	Registered I	۱o 🐷	· /	•••••
	St.	************		Ward)
	nresident, give ci oreign birth?) ds.
MEDICAL CER	TIFICATE OF	DEATH	·	
OF DEATH (MONTH, DAY	AND YEAR) Oct	. 28	-I93()19
EREBY CERTIFY, 7	That I attended d	ecensed fr	, Oi	+/

	. 2110011710 1171				
3, SEX	4. COLOR	OR RACE		RRIED, WIDOWED OR (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2
T _L	7.		.id	owed	17. I HEREBY CERTIFY, That Inttended decensed
HUSB/	SED, WIDOWED, OR AND OF OF		Grogano	·	that I last saw in alive on death occurred, on the date stated above, at
6. DATE OF	BIRTH (MONTH, I	DAY AND YEAR	O TO A TI	5_T852	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE	YEARS	Months	DAYS	If LESS than 1 day,hrs.	Juflunga.
	77	IO	IS	ermin.	19613
(a) Tra	TION OF DECEAS		t home		(duration) 779

8.	OCCUPATION OF DECEASE	D
	(a) Trade, profession, or particular kind of work	At hone
	(b) General nature of ind business, or establishmen which employed (or cum	
	(c) Name of employer	
9. B	IRTHPLACE (CITY OR TOWN	1)
	(STATE OR COUNTRY)	Penn.
	10. NAME OF FATHER	Patrick Condon
ဖွ	11. BIRTHPLACE OF FAT	HER (CITY OR TOWN)

CO:	NTRIBUTORY TUBLILLE THE POST OF THE SECONDARY) (duration) 2 yrs. mos. 2/0 ds.
18.	WHERE WAS DISEASE CONTRACTED
P	IF NOT AT PLACE OF DEATH
15	DID AN OPERATION PRECEDE DEATH? DATE OF

(STATE OR COUNTRY) Ireland 12. MAIDEN NAME OF MOTHER Unknown 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) IInl-noun

(Signed). *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. DATE OF BURIAL

14. Irs Pines Douglas lindsor

20. UNDERTAKER

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

..inusor...o

ADDRESS ..ILDSOR

IO-29-26

HUSTON'S FUNERAL CHAPEL

- 1 3 4 35

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MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH File No. Redistration District No..... Primary Registration District No. 4211 Registered No. PRESCRIBED ILY. PHYSICIANS OCCUPATION is ver RECORD (If nonresident give city or town and State) How long in U.S., if of foreign hirth? Length of residence in city or town where death occurred Ş MEDICAL CERTIFICATE OF DEATH COMPLETE PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARBIED, WIDOWED OR 3. SEX 16. DATE OF DEATH (MONTH, DAY AND YEAR DIVORCED (perse the word) That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED Œ HUSBAND OF ₹ (OR) WIFE OF 占 THE CAUSE OF DEATH WAS AS FOLLOWS: 6. DATE OF BIRTH (MONTH, DAY AND YEAR) UNTIL If LESS than 1 DAYS 7. AGE YEARS MONTHS RTIFICATES 8. OCCUPATION OF DECEASED (a) Trade, profession, or ADING perticular kind of work (b) General nature of industry, business, or establishment in 핑 which employed (or employer)..... Œ (c) Name of employer 5 WHERE WAS DISEASE CONTRACTED 띰 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH?.. (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH RECEIVE 10. NAME OF FATHER WAS THERE AN AUTOPSYT. WHAT TEST CONFIRMED DIAGNOSIST 11. BIRTHPLACE OF FATHER (CITY OR TOWN) RENTS (STATE OR COUNTRY) NOT , 19 (Address) 12. MAIDEN NAME OF MOTHER ㅁ SHALL *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OF JO (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL. REGISTRARS 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 14. INFORMANT (Address) ADDRESS 20. UNDERTAKER 15. REGISTRAR

5-32702-9