

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.

JAN 19 1931

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38617

PLACE OF DEATH

County Rockton
Township St Joseph
City St Joseph

85
Registration District No. 85
Primary Registration District No. 1001
State Hospital #2

File No. 1356
Registered No. 1356
St. Ward

2. FULL NAME

(a) Residence. No. St Joseph Mo St. Ward.

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 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 (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Maggie Karrigan (OR) WIFE OF Maggie Karrigan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>64</u>	<u> </u>	<u>Unknown</u>	<u> </u>	<u> </u>

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

9. BIRTHPLACE (CITY OR TOWN) Celena
(STATE OR COUNTRY) Ill.

PARENTS	10. NAME OF FATHER <u>Peter Kerrigan</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Bridget Flannigan</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Harry Kerrigan
(Address) 15th + Penn St Joseph Mo

15. FILED DEC 22 1930
John L. G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21st 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to Dec 21, 1930.
That I last saw him alive on Dec 21, 1930, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Arteriosclerosis
17
11
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 910
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) [Signature], M. D.
12/24, 1930 (Address) State Hosp # 2

*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 <u>Mt. Olivet Cemetery</u>	DATE OF BURIAL <u>Dec 23 1930</u>
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20. UNDERTAKER <u>H.C. Sidenfaden</u>	ADDRESS <u>1802 Union St</u>
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DEC 22 1930

