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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 41198

Township ..... Primary Registration District No. 1003 Registered No. 11864

City St. Louis Mo. (No. 2707 Keokuk St. ..... Ward)

2. FULL NAME Mary Haley

(a) Residence. No. 2707 Keokuk St., 24 Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Timothy Haley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	5		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home 131 1328

(b) General nature of industry, business, or establishment in which employed (or employer) 162

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Michael Casey

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

12. MAIDEN NAME OF MOTHER Eliza O'Rourkerrigan

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

14. INFORMANT Mrs Michael Struebel
(Address) 2707 Keokuk St.

15. FILED 19 19 Max C. Harley REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 17, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1930, to Dec 17, 1930 that I last saw her alive on Dec 17, 1930, and that death occurred, on the date stated above, at 7:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uraemic Coma due to Chronic Interstitial Nephritis (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1294

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) Ray J. Schurler M.D., M. D.

, 19 (Address) 2800 Chippewa St.

*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
St. Peter and Paul	Dec. 20, 1930
20. UNDERTAKER	ADDRESS 6320 S. Grand
Southern	

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.