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

Do not use this space.

3625

791
1003

1. PLACE OF DEATH

County ..... Registration District No. 1 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 858

City St Louis (No. 6802 Hancock Ave St. ..... Ward)

2. FULL NAME Thomas P. McTigue

(a) Residence. No. 6802 Hancock Av St. 3 Ward. .....
(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: Male
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Bessie McTigue

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 - 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	1	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mo Pacific R.R. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 1[illegible]
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

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

14. INFORMANT Margret McTigue
(Address) 6802 Hancock A

15. FILED JAN 22 1931, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1930, to Jan 21, 1931, that I last saw h. 1 M. alive on Jan 18, 1931, and that death occurred, on the date stated above, at 11 P. 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

97 Arteriosclerosis
120B Hypertension
102 (duration) Several mos. ds.

CONTRIBUTORY (SECONDARY) Acute Enteritis
(duration) 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
(Signed) L B Harrison M. D.
Jan 21, 1931 (Address) 1755 Ho Grand

*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: Calvary Cemetery
DATE OF BURIAL: Jan 23 1931

20. UNDERTAKER: Chas. L. Geraghty
ADDRESS: 4259 Lindell

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.