

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

Do not use this space.

3951

**1. PLACE OF DEATH**

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. St. Johns Hospital)

File No. \_\_\_\_\_  
Registered No. 1200  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mary M. Donough  
(a) Residence, No. 5111 Minerva St., 6 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 Female 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 M<sup>rs</sup> M. Donough

6. DATE OF BIRTH (MONTH, DAY AND YEAR) don't know

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>abt 60</u>	<u>-</u>	<u>-</u>	<u>-</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. house work  
(b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
(c) Name of employer at home

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

Ireland 15  
10. NAME OF FATHER Pat. Clancy  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
12. MAIDEN NAME OF MOTHER Mrs. Sullivan  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT M<sup>rs</sup> M. Donough  
(Address) 5111 Minerva Ave

15. FILED 30 1919 Max E. Moran REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 30 1931

17. I HEREBY CERTIFY, That I attended deceased from January 23, 1931, to January 30, 1931.  
That I last saw him alive on January 29, 1931, and that death occurred, on the date stated above, at 4 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronch. Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 9 ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(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? Smear, Sputum, Serology  
(Signed) R. P. M. Welch M. D.  
January 30, 1931 (Address) 306 Humboldt Bldg

\*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 Cem DATE OF BURIAL February 2 1931

20. UNDERTAKER Thos J. Lujan ADDRESS 1579 So. Market

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.

