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

Do not use this space.

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File No. 1269

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 5419 Queens St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Mary Ann Mulcahy

(a) Residence. No. 5419 Queens St., 7 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 1857

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
73	8	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(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): Cincinnati, Ohio

PARENTS

10. NAME OF FATHER: Patrick Mulcahy

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

12. MAIDEN NAME OF MOTHER: Catherine Regan

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

14. INFORMANT: Mrs. T. P. Carroll
(Address) 5419 Queens Ave.

15. FEB - 1 1931
FILED, 19 Max C. Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Jan 31, 1931, that I last saw her alive on Jan 30, 1931, and that death occurred, on the date stated above, at 1:42 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C

152B (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infection left hand cellulitis from burning her hand on at hot stove accident. (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? None except incision into dorsum left hand for drainage. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) Everett J. Javaux, M.D.

1-31, 1931 (Address) 539 No Grand Ave

*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

DATE OF BURIAL: Feb. 2 1931

20. UNDERTAKER: Bensieck-Niehaus

ADDRESS: 1138 N. 6th

CAUSE OF DEATH in [illegible] may be properly classified. Exact statement of OCCUPATION is very important.