

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

Do not use this space.

7587

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Detail Hospital) Registered No. 1923 Ward

**2. FULL NAME**

(a) Residence. No. 1602 Hogan 26 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 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 John Bonnore  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1880  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt 15 1 — — — — —  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) at Home  
 (c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15'  
 10. NAME OF FATHER John Sullivan  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 12. MAIDEN NAME OF MOTHER Nora Donohue  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT John Bonnore  
 (Address) 1602 Hogan

15. FILED 13 1931 REGISTRAR W. C. Stabery

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1931  
 17. I HEREBY CERTIFY, That I attended deceased from 2/6/30 19..... to 2/11/31 19..... that I last saw him alive on 2/11/31 and that death occurred, on the date stated above, at 5 25 PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
Chronic Myocarditis  
 (duration) 2 yrs. 2 mos. ds.  
 CONTRIBUTORY (SECONDARY) Arterial Sclerosis  
non-Tubercular (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 1602 Hogan  
 DID AN OPERATION PRECEDE DEATH? no DATE OF ①  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Chemical findings  
 (Signed) Thomas Hawton M. D.  
no, 1931 (Address) 2743 N. 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 Cremated DATE OF BURIAL Feb 14 1931

20. UNDERTAKER W. P. Allen ADDRESS 121 N. Grand St.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state EXACTLY.

