

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

Do not use this space.

8262

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (Name of City, Town or Village)

File No.
Registered No. 2655
St. Ward)

2. FULL NAME

(a) Residence No. 6478 Dale St. 4 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

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

July 24 - 1897

7. AGE

YEARS	MONTHS	DAYS	IF LESS than I day, hrs. or min.
<u>59</u>	<u>7</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nil
(b) General nature of industry, business, or establishment in which employed (or employer) to be used 48
(c) Name of employer Spoker

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

Ireland 15

10. NAME OF FATHER

unknown

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

12. MAIDEN NAME OF MOTHER

CR

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

11

14.

INFORMANT E. Rowan
(Address) City Hospital

15.

FILED 19 Max O'Hara REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24th 1931, to Feb. 26th 1931, (that I last saw him alive on Feb. 26th 1931), and that death occurred, on the date stated above, at 5:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 23
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 1
IF NOT AT PLACE OF DEATH: No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Physical; X-ray
(Signed) James J. Finney, M.D.
726 (Address) City Hospital

*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 St. Peters Cem. **DATE OF BURIAL** 3/2 1931

20. UNDERTAKER Croghan Und. Co. 7146 ADDRESS Manchester

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.

