

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

Do not use this space.

18482

**1. PLACE OF DEATH**

County Madison  
Township Central  
City Edina Mo. (No. ....)

Registration District No. 441  
Primary Registration District No. 4259

File No. ....  
Registered No. 102  
St. .... Ward)

**2. FULL NAME**

John Hayer Corcoran  
(a) Residence No. .... St. .... 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 30, 1869</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>7</u>
	DAYS <u>6</u>	If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Monumental stl  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

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

Willan Wis

**10. NAME OF FATHER**

Derby D. Corcoran

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

Ireland

**12. MAIDEN NAME OF MOTHER**

Helin Whalen

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

Portney Vermont

**14. INFORMANT**

Una A. Corcoran  
(Address) Edina, Missouri

**15. FILED**

519 19 31 Geo. S. Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-6 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/2 1931, to 5/6 1931, and that I last saw him alive on 5/6 1931, and that death occurred, on the date stated above, at 4:25 A.M.

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

59  
617 Bulbar Paralysis  
..... (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus  
..... (duration) 20 yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Frederick L. Schmitt M.D.

5-8 1931 (Address) Edina, Mo.

\*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 Joseph Cometry DATE OF BURIAL May 8 1931

20. UNDERTAKER Kneqshauer Bros ADDRESS Edina Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAY 25 1931

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.

MARG. RESERVED FOR BINDING

V.S. NO. 2.

