

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

Do not use this space.

23213

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St Louis Primary Registration District No. 1003 File No. ....  
 City St Louis (No. 6164 Mrs Pherson Ave St. 6676 Ward) .....

**2. FULL NAME**

(a) Residence, No. .... St. 5 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) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Gill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1836

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>abk.</u>	<u>95</u>	<u>Unknown</u>	<u>Unknown</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
	10. Date deceased last worked at this occupation (month and year) .....
	11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER: 13. NAME Patrick Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Dorothea M<sup>rs</sup> Nally

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Lillie R. Gill 6164 Mrs Pherson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 6/19 1931

19. UNDERTAKER (ADDRESS) Arthur J. Dornally 2038 W 4th St

20. FILED 18 1931 Max Starobin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17<sup>th</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 to June 17, 1931  
 Last saw him alive on June 16, 1931 Death is said to have occurred on the date stated above, at 130a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset Jan 1-1931  
131  
950  
102  
 Other contributory causes of importance:  
Coron. Vascular Renal 1-1-36  
Arterio Scler. & Hypertension

Name of operation None Date of           
 What test confirmed diagnosis? Chemist Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify (Signed) W J Raemdonck M.D.  
 (Address) 1041 W. 13th St

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.

