

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.

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

Do not use this space.

26938

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St Louis (No. 2941, Sullivan Ave) St. Ward)

File No.
Registered No. 8137

2. FULL NAME

Ellen Halligan 10
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Halligan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15-1873</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>0</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
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) <u>Ireland</u>
FATHER
13. NAME <u>John Wray</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
MOTHER
15. MAIDEN NAME <u>Margaret Mc Luie</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
17. INFORMANT <u>Thomas Halligan</u> (ADDRESS) <u>2941 Sullivan Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Debray Cemetery</u> DATE <u>July 25 1931</u>
19. UNDERTAKER <u>Arthur J. Donnelly M & Co</u> (ADDRESS) <u>2039 Wash St</u>
20. FILED <u>231</u> 19 <u>31</u> <u>May C Parker Jr</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-20 - 1930, to 7-22 1931
I last saw her alive on 7-22-31, 19..... Death is said to have occurred on the date stated above, at 2:40 P.m.
The principal cause of death and related causes of importance were as follows:
One nephritis
& Nephritis
59
21
12
10
Date of onset

Other contributory causes of importance:
& Diabetes Mellitus

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 Art J. Reis ; M. D.
(Signed) (Address) 3720 Washington

1872
1720 West 1st St.