

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

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.

30171

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. 11823
City St. Louis Mo No. 2015 College Ave

File No. _____
Registered No. 9249
St. _____ Ward _____

2. FULL NAME

HANORAH Cowhey
(a) Residence, No. 2015 College Ave St. 9 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2 - 1893</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>8</u>
	DAYS <u>29</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>St. Louis Mo</u>	
FATHER	13. NAME <u>Patrick McCarthy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS)	<u>Tomie O'Leary 2015 College Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Cabary Cemetery Sept 3 31</u>	
19. UNDERTAKER (ADDRESS)	<u>St. Charles 4000 North Bridge St</u>	
20. FILED	<u>SEP -1 1931 19</u>	

Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1931 to Aug 30 1931
I last saw her alive on Aug 30 1931 Death is said to have occurred on the date stated above, at 1045 a m
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Aug 29 1931
Senile Debility June 1928

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? no
If so, specify George Henry Kupper M. D.
(Signed) _____ (Address) 5222 W 210th St

