

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

Do not use this space.

284

34065

1. PLACE OF DEATH

County Monroe Co

Registration District No. 55

Township Deerborn

Primary Registration District No. 533

City St. Louis (No. 5403)

File No. 910

Registered No. 910

St. 9 Ward

2. FULL NAME Norman Leary

(a) Residence, No. 7 St. 7 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lottie Leary</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 3 1934</u>				
7. AGE <u>79</u>	YEARS	MONTHS	DAYS	If LESS than 1 day, .hrs. or .min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farmer</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>Ill.</u>				
MOTHER / FATHER	13. NAME <u>Norman Leary</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
	15. MAIDEN NAME <u>Norman Leary</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
17. INFORMANT <u>William Leary</u> (ADDRESS) <u>St. Louis</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stonfield</u> DATE <u>Oct 6 1934</u>				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>Nov 10 1934</u> <u>M.D. Mumma</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1934 to Oct 5 1934

I last saw him alive on Oct 4 1934. Death is said to have occurred on the date stated above, at 11 a.m.

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

Malaria

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Cleason 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 _____

(Signed) R. G. Leary, M. D.

(Address) St. Louis

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wentz
Township Freeborn
City (No.)

Registration District No. 284
Primary Registration District No. 54013

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME Hamilton Lowry

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lottie Lowry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>79</u>	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 to Oct 5, 1931

I last saw him alive on Oct 4, 1931. Death is said to have occurred on the date stated above, at 11 a. m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Farmer

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

metastatic

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis clinical Was there an autopsy? _____

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

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 _____

17. INFORMANT Willie Lowry
(ADDRESS) Clarison mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield DATE Oct 6, 1931

19. UNDERTAKER (ADDRESS)

20. FILED 12-3 1931 J. B. Stimmey Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) B. E. Ellis, M. D.
(Address) Gideon mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES IF THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-34065