

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

Do not use this space.

42114

**1. PLACE OF DEATH**

County St. Louis  
Township CANONDELLET  
City Koch, Mo.

Registration District No. 1123

Primary Registration District No. 6248 B

File No. \_\_\_\_\_  
Registered No. 443  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

JAMES JOGARTY  
(a) Residence No. 24167 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 9 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-29, 1900

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>33</u>	<u>11</u>	<u>24</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Collector  
(b) General nature of industry, business, or establishment in which employed (or employer) Gas Co.  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Patrick Fogarty  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Mary Crowley  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO.  
(STATE OR COUNTRY)

14. INFORMANT Koch Hospital  
(Address) Koch, Mo.

15. FILED Dec 31 1931 L. C. O'Brook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1931  
17. I HEREBY CERTIFY, That I attended deceased from 2-21, 1931, to 12-13, 1931 that I last saw him alive on Dec 12, 1931, and that death occurred, on the date stated above, at 4:37 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
For advanced Pulmonary Tuberculosis  
13 1/2 (duration) 13 yrs. 11 mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) 13 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH Undetermined  
DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Chest X-ray Laboratory  
(Signed) W. E. Cook, M. D.  
Dec 13, 1931 (Address) Koch, 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 Cabony Cemetery DATE OF BURIAL Dec 16 1931

20. UNDERTAKER Cullinan Bros ADDRESS \_\_\_\_\_

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.

