

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.

558 Bourn  
3903 Olive  
10<sup>th</sup> St

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

Do not use this space.

3244

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis (No. 4544 Westminster)

Registration District No. 7911

Primary Registration District No. 70113

File No. ....  
Registered No. 1018  
St. .... Ward)

2. FULL NAME Mary Nalty

(a) Residence, No. .... St. 12 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) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 82

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... 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 15

MOTHER 13. NAME Richard Nalty

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

15. MAIDEN NAME Bridget Highland

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

17. INFORMANT (ADDRESS) Mrs. M. C. Corrigan 4544 Westminster

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE 2/1/1932

19. UNDERTAKER (ADDRESS) Samuel S. Schaubert 4111 Washington

20. FILED 41133 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932 to Jan 29, 1932

Last saw him alive on Jan 21, 1932. Death is said

to have occurred on the date stated above, at 11:15 P.M.

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

Bronchial Pneumonia Date of onset 1/21/32

93C

1071

Other contributory causes of importance: Chronic Hypertension

Name of operation 93C Date of operation 1/21/32

What test confirmed diagnosis? 93C Was there an autopsy? Yes

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. R. Brown, M. D.

(Address) 40 S. Wall 2nd

