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

Do not use this space.

3319

File No. 1105
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 10057
City St Louis (No. 4436 Margaretta Ave St. ..... Ward)

2. FULL NAME Bridget Mc Mahon

(a) Residence, No. ..... St., 10 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): Widow

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF John Mc Mahon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1862

7. AGE: Years abt. 70 | Months Unknown | Days | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME John O'Grady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Rose Mc Mahon
(ADDRESS) 4436 Margaretta Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemet DATE 2-3 1932

19. UNDERTAKER Arthur J Donnelly Undertaking Co
(ADDRESS) 2039 Park Ave

20. FILED FEB -2 1932 Mar C Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to January 30, 1932
I last saw her alive on Jan 30, 1932. Death is said to have occurred on the date stated above, at 10 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
4	
4	
4	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 No
(Signed) Peter Tuholske, M. D.
(Address) 453 N. Taylor

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.