

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

Do not use this space.

4828

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City N.E. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
(No. St Marys Hospt.)

File No. \_\_\_\_\_  
Registered No. 091  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 7319 Main St. J 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<br><u>Fe</u>   | 4. COLOR OR RACE<br><u>Wh.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed.</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Patrick Lavan.</u> |                                |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Unknown</u>                             |                                |  |
| 7. AGE<br>YEARS<br><u>68</u>  | MONTHS                         | DAYS   |
|   |                                | If LESS than 1 day, ..... hrs. or ..... min.                                 |

OCCUPATION

|   |   |
|---|---|
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.          | <u>None</u>                                     |
| 10. Date deceased last worked at this occupation (month and year)                           |   |

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

MOTHER

13. NAME James Cunningham

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

15. MAIDEN NAME Rose Dwyer

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

17. INFORMANT (ADDRESS)  
John Dooley, 3321 Menard St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Louis Mo. DATE Feb 21 - 1932

19. UNDERTAKER (ADDRESS)  
W. J. Magberry, 2315 Linwood Blvd.

20. FILED 2/20 1932  
M. M. Crouse Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 - 1931, to Feb. 19 - 1932

I last saw her alive on Feb. 19 - 1932 - Death is said to have occurred on the date stated above, at 12:50 m.

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

Myocardial degeneration  
1931  
197  
1208  
30  
Other contributory causes of importance:  
General arteriosclerosis  
Spastic colitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis: Auery 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) Donald R. Black, M. D.  
(Address) 924 Prof. Bldg. K.E. Mo.

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.

1870  
P. 100  
12 7-80