

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

Do not use this space.

11031

1. PLACE OF DEATH

County Registration District No. 791
 Township St James Mo Primary Registration District No. 1009
 City St James Mo (No. 7149 Alabama)

File No.
 Registered No. 3113
 St. Ward)

2. FULL NAME

(a) Residence, No. 7149 Alabama / Ward.

(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kate Mc Kay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 27 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>-</u>
	DAYS <u>4</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Repairman 45</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad shops</u>	
	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>New York City 2</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known 31</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Kate Mc Kay</u> (ADDRESS) <u>7149 Alabama</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McAfee</u> DATE <u>Mar 31</u> 19 <u>32</u>		
19. UNDERTAKER <u>Hendler Mcl Co</u> (ADDRESS) <u>7815 Maryland</u>		
20. FILED <u>May 1932</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1932

22. I HEREBY CERTIFY That I attended deceased from March 24, 1932, to March 28, 1932

I last saw him alive on March 26, 1932—Death is said to have occurred on the date stated above, at 12 45 m.

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

Chronic myocarditis
hypertension
hepatic cirrhosis
arteriosclerotic degeneration
hypertension

Date of onset Mar 132

Other contributory causes of importance:
1248
131
93C / 12410

Name of operation..... 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? D (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 Yes. a. o. Sullivan
 (Signed) Geo. a. o. Sullivan M. D.
 (Address) 7800 Zwoy Ave

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.

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