

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. 2857 Victor St)
Registered No. 14071
St. Ward 23

2. FULL NAME

(a) Residence, No. 2857 Victor St St. 23 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathilda McGrath
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wore Shoes
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 24
10. Date deceased last worked at this occupation (month and year) (91) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Mr McGrath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Johanna Cowhey

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

17. INFORMANT (ADDRESS) Miss M. McGrath 2857 Victor St

18. BURIAL, CREMATION, OR REMOVAL PLACE Cadvarry DATE April 7, 1932

19. UNDERTAKER (ADDRESS) James A. Kelleghan 3925 Riverside Blvd

20. FILED APR 26 1932 W. W. O'NEAL Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1932 to April 5 1932
I last saw him alive on April 5 1932 Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic hyperacidosis Date of onset Jan 1930
933 950
Other contributory causes of importance: (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No
Significant symptoms

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) W. W. Bayliss M. D.
(Address) 3019 So Jefferson Ave St. Louis Mo

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.

