

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

Do not use this space.

17507

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1000
City St. Louis (No. 4676, Page 6)

File No.
Registered No. 4416
St. Ward)

2. FULL NAME

Michael J. Hagerty St. 12 Ward.
(a) Residence, No. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>Single</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 21st 1860</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>1</u>
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Poultry Dealer</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>Ireland</u>		
MOTHER FATHER	13. NAME <u>John J. Hagerty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Susan Damm</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Susan Hagerty</u> (ADDRESS) <u>4647 Page Street</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Cabany</u>	DATE <u>May 8</u> , 19 <u>32</u>
19. UNDERTAKER <u>Anthony J. Donnelly Sons Co</u> (ADDRESS) <u>2029 Grand St.</u>		
20. FILED <u>May 10 1932</u> <u>W. J. C. [Signature]</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to May 3rd, 1932
I last saw him alive on May 3rd, 1932 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
mitral insufficiency
arteriosclerosis
congestive bronchitis
Date of onset April 28

Other contributory causes of importance:
congestive bronchitis

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) W. J. C. [Signature], M. D.
(Address) No. 7 South St., St. Louis

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. NO. 2.

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.

40 or Mayfield

+ 2 Lewis P.C.