

**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. 791
 Township..... Primary Registration District No. 109
 City St. Louis (No. 3859, Magnolia St. 17 Ward) File No. 17633
 Registered No. 4563

2. FULL NAME

Mary T. Casey
 (a) Residence, No. 3859 Magnolia St., 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march, 1, 1863

7. AGE YEARS 69 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

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) St. Louis Missouri

MOTHER FATHER 13. NAME Patricia Higgins

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

15. MAIDEN NAME Ann Parker

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

17. INFORMANT Thomas Casey (ADDRESS) 3859 Magnolia

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 11, 1932

19. UNDERTAKER John Plechis & Sons (ADDRESS) 928 No Grand Blv

20. FILED MAY 10 1932 Max O. Fardner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1930 to May 8th, 1932

I last saw him alive on May 8th, 1932 Death is said

to have occurred on the date stated above, at 8:40 p.m.

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

Paralysis due to cerebral thrombosis
1930

Date of onset

Other contributory causes of importance:

82A 49 hypertension
82B

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1932

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) Thomas Casey M.D.
 (Address) 2806 N. Grand Blv

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.

