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.

JUL 27 1932

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

Do not use this space.

20681

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 788 — File No.

12 Township ~~Central~~ — Primary Registration District No. 4471 — Registered No. 49

8 City Webster Groves-Mo (No. 131 Portland Terrace St. Ward)

2. FULL NAME Patrich F. Mylan.

(a) Residence, No. 131 Portland Ter St. Ward. (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: 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: Anna (Hanley) Mylan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-19-1854

7. AGE: Years 77 — Months 9 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Glass Co. 51 B

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 07 51 B

10. Date deceased last worked at this occupation (month and year): June 1930

11. Total time (years) spent in this occupation: 60 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 1

FATHER

13. NAME: Patrich Myland.

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

MOTHER

15. MAIDEN NAME: Bridget Cody.

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

17. INFORMANT (ADDRESS): Mrs. Genevieve Bentley, 131 Portland Terrace.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE June 9, 1932

19. UNDERTAKER (ADDRESS): Croghan Und. Co. Inc., 9146 Manchester Ave.

20. FILED 6-8, 1932 Dr. A. W. Nestrey, S. Carlock Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb-, 1932 to June 6, 1932

I last saw him alive on June 6, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

	Date of onset
Carcinoma bladder	1931

Other contributory causes of importance:
Arterio sclerosis

Name of operation: Fulgurated cancer tissue (1)

What test confirmed diagnosis: Cystoscopy Date of Jan-1932

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? (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) H. A. Goodrich, M. D.
(Address) 17 East Lockwood ave