

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

Do not use this space.

20939

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **2003**
City **St. Louis** No. **5301** Page

File No.
Registered No. **5433**
St. Ward)

2. FULL NAME

(a) Residence, No. **5301 Page** St. **6** 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS About 73	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 15		
13. NAME Patricia Gallagher		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31		
17. INFORMANT James Gallagher (ADDRESS) 2224 Bitterroot Ave.		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE Calvary	DATE Jun 8 1932	
19. UNDERTAKER Wm. J. Gallagher (ADDRESS) 1417 N. 1st St.		
20. FILED IN 7-1532 19 32		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jun 6 1932**

22. I HEREBY CERTIFY That I attended deceased from **Jun 1**, 19**32**, to **Jun 6**, 19**32**
I last saw h. **in** alive on **Jun 5**, 19**32** Death is said to have occurred on the date stated above, at **9:30 am** -
The principal cause of death and related causes of importance were as follows:
Typh. nephritis

Other contributory causes of importance:
Terminal broncho-phrenia &c.

(Name of operation) **No** 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? **No** 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? _____
If so, specify _____
(Signed) **Wm. J. Gallagher**, M. D.
(Address) **5843 Olive St.**

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.

Registrar.

