

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.

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

Do not use this space.

21202

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1083**
City St. Louis Mo. (No. Sanitarium)

File No.....
Registered No. **5755**
St. Ward)

2. FULL NAME

Dillie M. Cluskey
(a) Residence, No. 4580 Garfield St. 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. Cluskey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>	<u>5</u>	<u>3</u>	

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. 235
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

13. NAME Charles Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. J. Herremil, 3700 Arsenal

18. BURIAL CREMATION OR REMOVAL PLACE St. Peter's DATE 6/20/32

19. UNDERTAKER (ADDRESS) Russell & Co, 473 1/2 Franklin St.

20. FILED JUN 18 1932 Max C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1932

I HEREBY CERTIFY That I attended deceased from July 1, 1930, to June 17, 1932
I last saw him alive on June 17, 1932 Death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5-26-32
82A
107A
J. J. W.
Other contributory causes of importance: Bunches Pneumonia 6-11-32

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....., 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) J. J. Herremil, M. D.
(Address) 3700 Arsenal St.

