

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

Do not use this space.

21431

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township Primary Registration District No. 1005?
City St. Louis (No., Ward)

File No.
Registered No. 5995
St. Ward)

2. FULL NAME

Mayme Hogan Mulligan
(a) Residence. No. 1817 S. Broadway 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 — yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis A. Mulligan</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 26 1884</u> | | |
| 7. AGE | YEARS <u>48</u> | MONTHS <u>—</u> |
| | DAYS <u>29</u> | IF LESS than 1 day, hrs. or min. |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). 335
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pittsburg Penn.
(STATE OR COUNTRY)

| | |
|---------|---|
| PARENTS | 10. NAME OF FATHER <u>Thomas Hogan</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ireland</u> |
| | 12. MAIDEN NAME OF MOTHER <u>May Casey</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ireland</u> |

14. INFORMANT Mabel J. Bentright
(Address) 1817 S. Broadway, St. Louis, Mo.

15. FILED 27 1932 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25th 1932
17. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to June 25 1932 that I last saw her alive on June 24 1932, and that death occurred, on the date stated above, at 12:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Liver
4 1/2 to 6 1/2 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH same ①

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. J. O'Rielly, M. D.
, 19 (Address) Est. Louis Ill

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL mt. Carmel Cemetery East St. Louis Ill DATE OF BURIAL June 27 1932
20. UNDERTAKER H. W. Widenfeld ADDRESS East St. Louis Ill

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.

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