

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

Do not use this space.

23156 19
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

Country Japan
Township St. John
City Joplin (No. St. John's Hospital)

Registration District No. 411
Primary Registration District No. 2002

2. FULL NAME

(a) Residence, No. St. John's Hospital St., _____ Ward.

(Usual place of abode) Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds. (If nonresident, give city or town and State)

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 John O' Reilly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cavan, Ireland

FATHER 13. NAME Michael M^c Lauran

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT J. B. O' Reilly (ADDRESS) Neosho, Missouri

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery Springfield (ADDRESS) July 14, 1932

19. UNDERTAKER Lambert Mortuary (ADDRESS) Joplin, Missouri

20. FILED 9/1/32 W. J. Emerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to July 12, 1932

I last saw her alive on July 12, 1932 Death is said

to have occurred on the date stated above, at 8:30 P. m.

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

Cerebral Hemorrhage Date of onset 7/12/32
87 A
162

Other contributory causes of importance:

Senility (D)

Name of operation none Date of _____

What test confirmed diagnosis? Chemical 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 whether injury occurred in _____ (Specify city or town, county, and State)
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) Michael A. Gregg, M. D.

(Address) Franklin

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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