

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

Do not use this space.

24488

1. PLACE OF DEATH

County Registration District No. *501*
 Township Primary Registration District No. *1001*
 City *St. Louis* (No. *100 Baptist Hospital*) St. Ward)

File No.
 Registered No. *6620*
 St. Ward)

2. FULL NAME

(a) Residence, No. *4913 Page* St. *6* Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 15 1898</i>		
7. AGE	YEARS	MONTHS
	<i>34</i>	<i>5</i>
		DAYS
		<i>7</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<i>Bookkeeper</i>		<i>26</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<i>+ Fuel Powder</i>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis 1</i>		
13. NAME <i>Dennis Cleary</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Canada 5</i>		
15. MAIDEN NAME <i>May Kearney</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri 1</i>		
17. INFORMANT <i>Arthur Cleary</i>		
(ADDRESS) <i>4913 Page</i>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<i>Calvary</i>	<i>July 20 1932</i>	
19. UNDERTAKER <i>Sho & F. Gray</i>		
(ADDRESS) <i>1119 S. Grand</i>		
20. FILED <i>July 21 1932</i>		
Registrar. <i>J. W. Ferner</i>		

MEDICAL CERTIFICATE OF DEATH

1

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

22. I HEREBY CERTIFY, That I attended deceased from *No Physician Attended* 19... to 19...

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Lycal Poisoning
Taken by mistake
at Rev. Accident

Date of onset *43*

Other contributory causes of importance:

1790179 *(7) (8)*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *Sh. Paris* Date of injury *7-17-32*
 Where did injury occur? *St. Louis Mo.*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home
 Manner of injury *Lycal Poisoning*
 Nature of injury *"*

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify *J. W. Ferner M.D.*
 (Signed) *Def. Crown*
 (Address) *7/18/32*

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.

MARGIN RESERVED FOR BINNING

S. No. 2.

