

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

Do not use this space.

30333

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1160
 10 Township Central
 5 City Marionville (No. 2139 North meadow) Primary Registration District No. 4420

File No. _____
 Registered No. 85
 St. _____ Ward _____

2. FULL NAME

Mary Madigan
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Madigan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1859

7. AGE YEARS 72 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Calumet Mo.

FATHER 13. NAME Thos Erickson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calumet Mo.

MOTHER 15. MAIDEN NAME Fissie Mangum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 9/21/15

17. INFORMANT (ADDRESS) John Madigan 2139 North meadow

18. BURIAL, CREMATION, OR REMOVAL PLACE Coffin DATE _____ 19

19. UNDERTAKER (ADDRESS) Hampson & Sheahan Co 4418 Washington

20. FILED Sept 22, 1932 Lena D. Meeker Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/12, 1932 to 9/21, 1932

I last saw her alive on 9/21, 1932. Death is said to have occurred on the date stated above, at 6.9 m. 9/22/32

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

Hemiplegia (not fatal)
Cerebral Hemorrhage
82A
82B
102
82W
 Other contributory causes of importance:
Cerebral Hypertension
 Date of onset _____

9 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? no
 If so, specify _____

(Signed) J. D. Parker M. D.
 (Address) 175.00 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.

661 25 1932

