

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

Do not use this space.

34133

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City..... (No. *Mississippi River St. Marine St.*)

File No.
Registered No. **9487** (Ward)

2. FULL NAME

THOMAS McTADDEN

(a) Residence, No. *4001 So Broadway* St. *15* Ward.

(If nonresident, give city or town and State)

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.

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>Unknown</i>		
7. <i>About</i> YEARS <i>58</i>	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Book Layer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>None known</i>	
	10. Date deceased last worked at this occupation (month and year) <i>40</i>	11. Total time (years) spent in this occupation

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis</i>
	13. NAME <i>Michael McTadden</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>
	15. MAIDEN NAME <i>Bridget Curran</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>
	17. INFORMANT (ADDRESS) <i>James McTadden 735 S Stanford</i>
18. BURIAL, CREMATION, OR REMOVAL	PLACE <i>Calvary</i> DATE <i>10/26</i>
	19. UNDERTAKER (ADDRESS) <i>Central City Co 1801 East Line</i>
20. FILED <i>OCT 26 1932</i>	Registrar. <i>[Signature]</i>

MEDICAL CERTIFICATE OF DEATH

1 found dead

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 24, 1932*

22. *By Physician in attendance* HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at *11:30* m.

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

183

Asphyxiation due to drowning in Mississippi River

Whether accidental or intentional could not be ascertained

Other contributory causes of importance:

None

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? *Accident* Date of injury *10/24, 1932*
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. *Public Place*

Manner of injury *Asphyxiation*
Nature of injury *due to drowning*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *[Signature]*, M.D.
(Address) *[Address]*

10/23/32

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.

