

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

Do not use this space.

✓ 34153

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. John's Hospital) St. Ward.....

File No.....
Registered No. 9509
St. Ward.....

2. FULL NAME

(a) Residence, No. 2889 Easton Ave. Ward 6
(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>William Tierney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 20, 1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>7</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Ireland</u> ¹⁵		
MOTHER-LEATHER	13. NAME <u>John Burke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MARRIED NAME <u>Margaret Gannon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Mathew Tierney</u> <u>2889 Easton Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Oct. 28, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Jos. M. Clark</u> <u>1112 1/2 Washington St.</u> <u>Oct 26 1932</u>		
20. FILED 19 <u>32</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1932 to Oct 25, 1932
I last saw him alive on Oct 25, 1932 Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Scabies Wilkins
59
983 59
1

Other contributory causes of importance:
Gangrene of left foot
189

Name of operation..... Date of.....
What test confirmed diagnosis? see 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.
no injury to any
Manner of injury 1st degree
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Chas Hugh Peterson M. D.
(Address) Humboldt Bldg

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.

WHITE PLAINES, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Registrar

