

NOV 29 1932

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

Do not use this space.

34570

1. PLACE OF DEATH

County Washington

Township Bristol

City Potosi, Mo.

Registration District No. 887

Primary Registration District No. 4538

File No. _____

Registered No. 74

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1871

7. AGE YEARS 61 MONTHS 7 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 134

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) Potosi, Mo.

13. NAME Patrick Whalen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland, 15

15. MAIDEN NAME Catherine Casey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo.

17. INFORMANT A. A. Casey (ADDRESS) Potosi, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi, Mo. DATE 10-4-32

19. UNDERTAKER J. B. BOYER & SON (ADDRESS) POTOSI, MO.

20. FILED 10-3 1932 J. L. Thorman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/2 - 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932 to Oct 2 1932

I last saw her alive on Oct 2 1932 Death is said

to have occurred on the date stated above, at 4 P. m.

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

Thrombosis Coronary Arteries Date of onset _____

932 942 932

Other contributory causes of importance: myocarditis

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) E. J. Russell M. D.

(Address) Potosi, Mo.

