

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

Do not use this space.

37911

**1. PLACE OF DEATH**

County..... Registration District No. 57001  
Township..... Primary Registration District No. 1025E  
City St. Louis (No. 3690 W. Pine St.)

File No. ....  
Registered No. 10619 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Mary Connelly St., 19 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1876</u>		
7. AGE YEARS <u>56</u>	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. <u>Maid</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>244</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)  
Ireland 15'

13. NAME Matthew Connelly

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

15. MAIDEN NAME Ann Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ireland

17. INFORMANT Ann Hughes  
(ADDRESS) 4852 Jackson

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cabany DATE Dec 2<sup>nd</sup> 1932

19. UNDERTAKER Arthur Connelly  
(ADDRESS) 2034 W. ...

20. FILED DEC - 1 1932 Max C. Starker  
Registrar.

**✓ MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1932 to Nov 30 1932  
I last saw him alive on Nov 29 1932. Death is said to have occurred on the date stated above, at 12:50 a.m.

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

Lobar Pneumonia Date of onset 5 days  
108  
930 / 108

Other contributory causes of importance:  
Chronic Myocarditis 6 mos

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

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? no

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) Dolan Cameron, M. D.  
(Address) 508 N. Grand Blvd.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Per Commerce

West Hill

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