

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. Barnes Hospital)

File No. 42002
 Registered No. 11125
 St. Ward)

2. FULL NAME

(a) Residence, No. 15-30-5th St., 12 Ward.
 (Usual place of abode)

Madison Ill
 (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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul P. Connole</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 1897</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>5</u>
	DAYS <u>24</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>Housewife</u>	
	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. <u>16</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Litchfield Ill</u>		
FATHER	13. NAME <u>John Carrigan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill Jacksonville</u>	
MOTHER	15. MAIDEN NAME <u>Jane Killduff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liverpool England</u>	
17. INFORMANT (ADDRESS) <u>Paul P. Connole, Madison, Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Chm. Madison Ill</u> DATE <u>Dec 16 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Francis J. Sakey, Madison Ill</u>		
20. FILED <u>DEC 15 1937</u> <u>W. O. Stankler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 10:00 P.M. to 11:00 P.M. Attendance

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:
1670 Gun Shot Wound
Self administered
 Other contributory causes of importance:
White suffering temporary mental aberration
Suicide

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..... Suicide
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) W. Keener
D. P. Connole
 (Address) 1215 1/2 St.

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

MARGIN RESERVED FOR BINDING

S. NO. 2.

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.

