

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

Do not use this space.

42087

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 14433
City St. Louis (No. 42.17, Neosho)

File No.
Registered No. 11212
St. Ward

2. FULL NAME

(a) Residence, No. Mary Hagney St. 15 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 Female 4. COLOR OR RACE White 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) Unknown 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 - - -

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER 13. NAME Dennis Hagney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Anna Murphy

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

17. INFORMANT Oliver Hagney (ADDRESS) 4217 Neosho St

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabany DATE Dec 19 1932

19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 2039 Grand St

20. FILED DEC 17 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-13 1932, to 12-16 1932.
I last saw him alive on 12-16 1932. Death is said to have occurred on the date stated above, at 2:45 am.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 12/14
10/10/32
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Physical 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. (1)
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. F. Pless M. D.
(Address) Carleton 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.

Nov 27 1954

London B.C.

Ch 7351

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