

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

Do not use this space.

42389

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. 701
City St. Louis Mo (No. Deaconess Hospital) St. _____ Ward _____

File No. _____
Registered No. 11520
St. _____ Ward _____

2. FULL NAME

Mary J. Twomey
(a) Residence, No. 3116 Shumroad St. 17 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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>William Twomey Jr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15 - 1901</u>		
7. AGE	YEARS	MONTHS
	<u>31</u>	<u>9</u>
		<u>9</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. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec 20, 1932</u>	11. Total time (years) spent in this occupation <u>15</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamaica Plain, Massachusetts</u>		
FATHER	13. NAME <u>Jame Mc Cluskey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston Mass</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Hogan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston Mass</u>	
17. INFORMANT (ADDRESS) <u>William Twomey Jr 3116 Shumroad</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookline Mass</u> DATE <u>Dec 26 32</u>		
19. UNDERTAKER (ADDRESS) <u>Sam L Weidenmiller 2002 Grand Ave</u>		
20. FILED <u>DEC 26 1932</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1932

2. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932, to Dec 24, 1932
I last saw her alive on 24th Dec, 1932 Death is said to have occurred on the date stated above, at 9:30 AM
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia 12/20
108
108
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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.....
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 no
(Signed) P. B. Cappel, M. D.
(Address) 3239 Parkside Ave

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 PAPER WITH IMPROVED INK—THIS IS A PERMANENT RECORD

