

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

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.

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

791  
1003

Send 5¢  
along!!  
Do not use this space.

3219

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 4506<sup>A</sup> Cleveland ..... St. .... Ward)

File No. ....  
Registered No. 98  
St. .... Ward)

2. FULL NAME

(a) Residence, No. John B. Scarry St. 17 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>Male</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>Margaret Scarry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24<sup>th</sup> 1886</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>0</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Barry Commission Co.</u>		
10. Date deceased last worked at this occupation (month and year)		

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

13. NAME  
Michael Scarry

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

15. MAIDEN NAME  
Bridget Comer

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

17. INFORMANT The Margaret Scarry (ADDRESS) 4506<sup>A</sup> Cleveland St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cathary DATE Jan 5<sup>th</sup> 1933

19. UNDERTAKER Arthur J. Hornally, Inc. Co. (ADDRESS) 2039<sup>A</sup> Wash St

20. FILED CHIV - 1 15 1933 W. C. Parbery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1933

22. I HEREBY CERTIFY, that I attended deceased from Aug 11 1932 to Jan 2 1933

I last saw him alive on Dec 1 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Coronary Occlusion  
Angina Pectoris  
Arteriosclerosis  
Date of onset Aug 11, 32

Other contributory causes of importance  
none

Name of operation none Date of none  
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 ..... 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) Joseph Magidon M. D.  
(Address) 327 University Club Bldg

MARGIN RESERVED FOR BINDING

751  
15  
18

Dr. Magidson

University of California

3-30