

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

Do not use this space.

3504

1. PLACE OF DEATH

County Registration District No. 1077
 Township Primary Registration District No. 20
 City St. Louis (No. 4235, Holly Ave.) St. Ward)

File No.
 Registered No. 438
 St. Ward)

2. FULL NAME

(a) Residence, No. Bridget Kinniff St., 10 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Kinniff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1840</u>		
7. AGE YEARS <u>abt. 93</u>	MONTHS <u>-</u>	DAYS <u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
13. NAME <u>Michael Usher</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Catherine Burke</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Mary Kinniff</u> <u>4235 Holly Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic</u> DATE <u>Jan 14th 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Arthur W. Marmorey, Inc. Co.</u> <u>2000 Grand St.</u>		
20. FILED <u>JAN 12 1933</u> <u>Key C. Parker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1933

22. I HEREBY CERTIFY. That I attended deceased from 12/15/32, 19... to 1/12/33, 19...
 I last saw him alive on 1/11/33, 19... 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:
Arterio-sclerosis
97
907
 Other contributory causes of importance:
Anger
Non Diabetic
 Date of onset Yes

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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. H. Pysman, M. D.
 (Address) 4743 Larch

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.

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4743 Zabala

Long 180