

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

Do not use this space.

7472

1. PLACE OF DEATH

County..... Registration District No. 797
Township..... Primary Registration District No. 5100
City..... (No. 2308 St Louis ave) St. Ward)

File No.
Registered No. 1426
St. Ward)

2. FULL NAME

Catherine Neffernan
(a) Residence, No. 2308 St Louis ave St., 20 Ward.

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel J Neffernan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 7

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

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 Missouri

13. NAME Dennis Gorman

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

15. MAIDEN NAME Maria Smythe

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

17. INFORMANT Daniel Neffernan (ADDRESS) 2308 St Louis ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Feb 11, 1933

19. UNDERTAKER (ADDRESS) Woodhast & Woodhast 223 1/2 W. 4th Ave

20. FILED FEB 10 1933 W. C. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-33

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932 to Feb 8, 1933
I last saw her alive on Feb 8, 1933. Death is said to have occurred on the date stated above, at 79 m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Other contributory causes of importance:

Chronic myocarditis
66 B

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? none Date of injury....., 19.....
Where did injury occur? none (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 no

(Signed) D. W. Harrison, M. D.
(Address) 2243 1/2 Grand

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.

MICROFILM RESERVED FOR BINDING

