

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

Do not use this space.

File No. **17725**

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Clayton

Registration District No. 790  
Primary Registration District No. 1033

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 4313 Beachwood Ward. \_\_\_\_\_  
(Usual place of abode)

(Furry)

(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 James J. Furry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40      3      14

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

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 John Haley

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

15. MAIDEN NAME Margaret Driscoll

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

17. INFORMANT (ADDRESS) James Furry  
4313 Beachwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 30, 1933

19. UNDERTAKER (ADDRESS) Beedick Melhase  
7138 N. 6th St.

20. FILED May 18, 1933 R. W. Sullivan  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1933, to 5-17, 1933

I last saw him alive on 5-17, 1933. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Date of onset

Ch. Alcoholism  
545  
75

Other contributory causes of importance:

Turner of lungs

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) S. J. Full M. D.

(Address) St. Louis Co. Hospital

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.

JUN 23 1933

76  
7  
7

23  
1  
15  
5



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 798

File No. ....

Township .....

Primary Registration District No. 6033

Registered No. ....

City Clayton (No. ....)

St. .... Ward)

**2. FULL NAME**

Margaret Perry

(a) Residence, No. .... St. .... Ward. ....

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) .....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 .1935

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

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19.....

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

I last saw h. .... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

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

Cholera Date of onset

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

549  
Other contributory causes of importance:  
pus of larynx (non-malignant, ill-flammatory)

13. NAME .....

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME .....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....  
Nature of injury.....

17. INFORMANT (ADDRESS) .....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS) .....

(Signed) J. J. Miller M. D.  
St. Louis Co. Hospital (Address)

20. FILED May 18 19... R. W. Sullivan Registrar.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

St Louis Co  
Hospital

5-17725