

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

Do not use this space.

18216

1. PLACE OF DEATH

County Registration District No. 1000
Township Primary Registration District No. 4036 No Grand
City No. 4036 No Grand St. Ward)

File No.
Registered No. 4424

2. FULL NAME

(a) Residence, No. 4036 No Grand St. Ward. 10
(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>Mary Hough</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23, 1875</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>10</u>
	DAYS <u>27</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>Motorman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Public Service Co</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2 mo. ago</u>	11. Total time (years) spent in this occupation <u>30 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
FATHER	13. NAME <u>Patrick Hough</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Ellen Kelly</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Mrs Mary Hough</u> (ADDRESS) <u>4036 No Grand</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salway</u> DATE <u>May 22, 33</u>		
19. UNDERTAKER <u>Bennet Nicholas</u> (ADDRESS) <u>1138 216 St</u>		
20. FILED <u>MAY 22 1933</u> <u>J. J. Redick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 33

22. I HEREBY CERTIFY, That I attended deceased from May 11th 1933 to May 20th 1933
I last saw him alive on May 20th 1933. Death is said to have occurred on the date stated above, at 12:45 m.
The principal cause of death and related causes of importance were as follows:

<u>Chronic Myocarditis</u>	Date of onset <u>7 yrs</u>
<u>Coronary Artery Disease</u>	
<u>Other contributory causes of importance:</u> <u>Embolic of Liver</u>	<u>12 1/2</u> <u>1 month</u>

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 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) Carl S. Johnson M. D.
(Address) 4501 Easton Av.

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.

RECORD WITH ENTENDING INK—THIS IS A PERMANENT RECORD

119
15
15
15

450, Easton