

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 51
Township _____ Primary Registration District No. 03
City St. Louis (No. 4939 Claxton ave.) St. _____ Ward _____

File No. 24758
Registered No. 6165
St. _____ Ward _____

2. FULL NAME

Abigail Malloy
(a) Residence, No. 4939 Claxton ave. St. _____ 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 <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 OR (OR) WIFE OF <u>William Malloy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3 - 1871</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>6</u>
	DAYS <u>11</u>	If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>		
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>St. Louis Mo.</u>		
13. NAME <u>James Hannon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Catherine Murphy</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>William Malloy</u> (ADDRESS) <u>4939 Claxton ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Ann.</u> DATE <u>July 17 1933</u>		
19. UNDERTAKER <u>William Bros.</u> (ADDRESS) <u>1710 N. Grand Ave</u>		
20. FILED <u>11 15 33</u> <u>J. F. Bredek</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7th 1933 to July 14 1933
I last saw h. alive on July 13th 1933 Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Nephritis July 5, 1933
Cause Unknown
13th

Other contributory causes of importance:
X X 130

Name of operation none 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) Roland R. Merson M. D.
(Address) 5330 Geraldine Ave

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.

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