JAN 26 1934

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

Do not use this space.

41967

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St Louis (No. ~~St~~ Hospital De Paul St. Ward)

File No. 11042

Registered No. .....

2. FULL NAME Joseph H. Lafferty

(a) Residence, No. 5132 Ridge St., 6 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: Male

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 Anna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1884

7. AGE: Years 49 | Months 11 | Days 7 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anchor Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10 years

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

FATHER

13. NAME Joseph Lafferty

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

MOTHER

15. MAIDEN NAME Catherine O'Brien

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

17. INFORMANT (ADDRESS) Catherine Lafferty Grand Rap Michigan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grand Rap Mich DATE Dec 24 1933

19. UNDERTAKER (ADDRESS) Cullen Kelly 1416 N Taylor Ave

20. FILED Dec 26 1933 J. G. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1933, to Dec 22 1933

I last saw him alive on Dec 22 1933. Death is said to have occurred on the date stated above, at 3:30 p m.

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

| | Date of onset |
|---|---|
| Empyema of Left Pleural Cavity | Dec 12/33 |
| 110 A | |
| 107 A | |
| Other contributory causes of importance: Bronchopneumonia | Dec 18/33 |

Name of operation None Date of —

What test confirmed diagnosis? — 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) Wm J Langan Jr, M. D.

(Address) 5800 Plymouth 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.

G J Gallaspy
3134 Oxidge