3 27 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

2822

File No. 462

Registered No.

1. PLACE OF DEATH

County

Township

City Saint Louis (No. 3959, DeTonty St. Ward)

Registration District No. 1003

Primary Registration District No.

2. FULL NAME Martin Oakley

(a) Residence, No. 3959 DeTonty St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
82	8	5	

OCCUPATION

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

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

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) Ireland

FATHER

13. NAME John Oakley

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

MOTHER

15. MAIDEN NAME Mary Cochran

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

17. INFORMANT Thomas Oakley
(ADDRESS) 3959 DeTonty

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisiana MO DATE January 15 1934

19. UNDERTAKER Thos. J. Flynn & Son
(ADDRESS) 1519 South Grand Boulevard

20. FILED 1934 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11th, 1933, to Jany 12th, 1934
I last saw h. alive on Jany 16th, 1934. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation of Heart	1/10/34
93B	
95B	

Other contributory causes of importance:

Chronic Myocarditis	7 yrs

Name of operation None Date of —
What test confirmed diagnosis Symptoms 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? (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) Geo. H. Flynn, M. D.
(Address) 831-34 Medical Bldg.

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.

WRITE CLEARLY WITH UNFADING INK—THIS IS A PERMANENT RECORD