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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 4018

Township — Primary Registration District No. 1001 — Registered No. 182

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Teresa Mary Cronan

(a) Residence, No. 1516 Sacramento street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21, 1895

7. AGE: YEARS 38 — MONTHS 2 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Moberly Missouri

FATHER

13. NAME Fred DeVero

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

MOTHER

15. MAIDEN NAME Mary Brusch

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

17. INFORMANT (ADDRESS) Mrs Mary DeVero 1516 Sacramento St. St. Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St. Joseph Mo. DATE Febr. 17 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St. Joseph Mo.

20. FILED 2-16 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1933, to Feb 14, 1934

I last saw her alive on Feb 14, 1934 Death is said to have occurred on the date stated above, at 12 Noon.

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

Lobar pneumonia — Date of onset 2-11-34

Other contributory causes of importance: Agranulocytosis — Dec 19 1933

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) L C Hanman, M. D.

(Address) Kirkpatrick Bldg St Joseph Mo