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.

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

MAR 24 1934

Do not use this space.

5587

1. PLACE OF DEATH

56 County Lewis — Registration District No. 477 — File No.

Township Dickerson — Primary Registration District No. 5646 — Registered No. 14

City ~~Lewistown~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Ellen Tooey

(a) Residence, No. ..... St., ... 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: 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: John Tooey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20. 1846

7. AGE: YEARS 87 — MONTHS 9 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

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

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: Anthony Barrett

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

MOTHER

15. MAIDEN NAME: Peggie McNally

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

17. INFORMANT (ADDRESS): Mrs Sam Galbraith Canton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ewing, Mo DATE 2/28, 1934

19. UNDERTAKER (ADDRESS): James A Coiler Lewistown, Mo.

20. FILED Feb. 27, 1934 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934, to Feb. 26, 1934

I last saw her alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Parenchymatous Nephritis — Date of onset: unknown

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab & Hyperpt 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) S. J. Phillips D.O.

(Address) Canton Mo