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 21 1934

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

Do not use this space.

7336

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6 2 4 B — Registered No. 41

City Jefferson Bks., Mo. (No. Post Hospital St. Ward)

2. FULL NAME Richard Daly

(a) Residence, No. Branson, Mo. St., Ward. Branson, Mo (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	32	11	6	

OCCUPATION

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

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) Forsyth, Mo.

FATHER

13. NAME J. T. Daly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo.

MOTHER

15. MAIDEN NAME Alice Boswell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forsyth, Mo.

17. INFORMANT J. T. Daly
(ADDRESS) Branson, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Branson, Mo. DATE 2-7 — 1934

19. UNDERTAKER C. Hoffmeister Undertaking Co.
(ADDRESS) St. Louis, Mo. 2814 So Broadway

20. FILED Feb 7, 1934 B. F. Nate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1934 to February 6, 1934

I last saw him alive on February 6, 1934. Death is said to have occurred on the date stated above, at 10:55PM

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

	Date of onset
Pneumonia, lobar, upper and lower lobes, left lung, unclassified.	
108	

Other contributory causes of importance

108

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?

If so, specify

(Signed) F. V. Kilgore, Major, MC, M. D.

(Address) Jefferson Barracks, Mo.