

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

Do not use this space.

10297

32

**PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 788  
 Township \_\_\_\_\_ Primary Registration District No. 4471  
 City \_\_\_\_\_ (No. 4304 Lenox Ave (Shrewsbury)) Ward \_\_\_\_\_

**FULL NAME**

(a) Residence, No. 4304 Lenox Ave 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Daniel Minogue</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>November-20-1867</i>		
7. AGE	YEARS <i>66</i>	MONTHS <i>3</i>
	DAYS <i>12</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
FATHER	13. NAME <i>Edward Burke</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
	15. MAIDEN NAME <i>Don't know</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i>	
	17. INFORMANT <i>John P. Minogue</i> (ADDRESS) <i>4304 Lenox Ave</i>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cem</i> DATE <i>Mar. 5 1934</i>	
	19. UNDERTAKER <i>Pullman Bros.</i> (ADDRESS) <i>1710 N. Grand Blvd.</i>	
	20. FILED <i>3-4-1934</i> <i>Jules R. York</i> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 2 1934*

22. I HEREBY CERTIFY That I attended deceased from *Mar 2nd 1934* to *Mar 2nd 1934*  
 I last saw her alive on *Mar 2nd 1934* Death is said to have occurred on the date stated above, at *6:00* a.m.  
 The principal cause of death and related causes of importance were as follows:

<i>Cerebral hemorrhage</i>	Date of onset
<i>Cardiovascular disease</i>	

Other contributory causes of importance:  
*none*

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) *John Corby* M. D.  
 (Address) *6713 Big Bend*

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.

APR 25 1934

Dr W<sup>m</sup> J Conally

Webster Grove

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