

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.

WHITE PERMET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 25 1934

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

Do not use this space.

10421

1. PLACE OF DEATH

County..... Registration District No. 7911
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 6116) Kingbury St. _____ Ward _____

File No. _____
 Registered No. 2227
 St. _____ Ward _____

2. FULL NAME

Wm. J. Killoran
 (a) Residence, No. 6196 Kingbury St., 5 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 5 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 1 27

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

13. NAME Thomas Jackson

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

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Thomas J. Killoran
6116 Kingbury

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cemetery DATE March 5, 1934

19. UNDERTAKER (ADDRESS) Oullivare Bros
1710 N. Grand Ave.

20. FILED 1934 J. J. Brebeck
 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 Jan 1, 1933 to Mar 2, 1934
 I last saw her alive on Mar. 2, 1934 Death is said

to have occurred on the date stated above, at 8 am.
 The principal cause of death and related causes of importance were as follows:

Chc. Myocarditis Date of onset 1 yr
93C
 Other contributory causes of importance:
Bronchial Asthma. 2 yrs

Name of operation no Date of _____
 What test confirmed diagnosis? _____ 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 J. Langan, Jr M. D.
 (Address) 5803 Plymouth Ave.

Mr Langman Jr.

Good fellow & Edzet 6-7