

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH
 County 1 Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. 7611, Virginia Ave) St. 1 Ward 1
 File No. 10998
 Registered No. 2857

2. FULL NAME Bridget Hand
 (a) Residence, No. 7610 Virginia Ave St. 1 Ward 1
 (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 Hand
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-1-1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 19

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

MOTHER FATHER
 13. NAME Patrick Mc Carthy

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

15. MAIDEN NAME Elizabeth Carry

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

17. INFORMANT Mary Mc Donald
 (ADDRESS) 7611 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mat O'Leary DATE Mar. 23 1934

19. UNDERTAKER Jos. B. Finkler Jr.
 (ADDRESS) 2128 Michigan Ave

20. FILED J. B. Redek
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20 1934
 22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1933 to Mar 20 1934
 I last saw him alive on Mar 20 1934. Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
92A 162
Senility 93a
 Other contributory causes of importance:
acute myocarditis 3A
Bed fast for five years
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) A. Mulach, M. D.
 (Address) 7405 Mich ave

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.

