

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 984

File No. 21700

Township St. Ferdinand

Primary Registration District No. 6030

Registered No. 129

City St. Ferdinand (No. St. Louis Training School St. _____ Ward)

2. FULL NAME Martin M. Mc Donough

(a) Residence, No. 2722 St. Louis St. _____ Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane Mc Donough</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1893</u>		
7. AGE	YEARS	MONTHS
	<u>41</u>	<u>0</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Worker</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
13. NAME <u>John F. Mc Donough</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Mary Gaffney</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>John J. Mc Donough</u> <u>4637 Franklin</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Catholic</u>	<u>June 16</u>	<u>1934</u>
19. UNDERTAKER (ADDRESS) <u>Arthur J. Donnelly, 21. 60</u> <u>3800 Lindell Bes</u>		
20. FILED <u>June 15</u> 19 <u>34</u> <u>W. A. Geitler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1934

22. I HEREBY CERTIFY that I attended deceased from August 26 1933 to June 14 1934

I last saw him alive on June 13 1934. Death is said to have occurred on the date stated above, at 6 a m.

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

Other contributory causes of importance:
Pulmonary T. TB - before 1933
Chr.

Name of operation none Date of _____

What test confirmed diagnosis? Ch. f. 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) James J. [Signature] M. D.
(Address) St. Louis, Mo. 1217 Hall

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.

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