

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
1003
Township..... Primary Registration District No.
City *St. Louis* (No. *3457*) *Potomac St* St. Ward

File No. **27187**
Registered No. **7421**
St. Ward

2. FULL NAME

Katherine Geoghegan
(a) Residence, No. *3457* *Potomac* St. *16* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 26-1884*

7. AGE YEARS *80* MONTHS *—* DAYS *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
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 *Pat Kirk*

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

15. MAIDEN NAME *Margaret Campbell*

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

17. INFORMANT *Elizabeth Geoghegan* (ADDRESS) *3457 Potomac*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *7/26* 19*34*

19. UNDERTAKER *Peets Bros* (ADDRESS) *3029 Lafayette Ave*

20. FILED *Aug 25 1934* *J. J. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-23* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *July 23* 19*34*, to *July 23* 19*34*
I last saw h. et. alive on *July 23* 19*34* Death is said to have occurred on the date stated above, at *9:15 P.*

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

myocarditis, chronic

Date of onset

Other contributory causes of importance:

Senility

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? *Examination* 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) *W. H. Cutlers*, M. D.

(Address) *906 Carleton Bldg.*

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.

AUG 15 1934

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Dr. Clilhero

Emillon Bldg

est 7152