

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.

APR 9 1935

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

Do not use this space.

10962

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **2720 University**) _____
St. _____ Ward _____

File No. **2591**
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary A. Gaffney
(a) Residence, No. **2720 University** St., **20** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 26, 1867**

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
67	11	22		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housework**

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) **St. Louis Mo**

13. NAME **Patricia Doyle**

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

15. MAIDEN NAME **Not known**

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

17. INFORMANT **Daniel Gaffney**
(ADDRESS) **2720 University St**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cemetery** DATE **Mar. 20, 1935**

19. UNDERTAKER **Doody & Doody**
(ADDRESS) **222 St. Louis Ave**

20. FILED **J. F. Bredeck**
MAR 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 18, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 25, 1935, to March 18, 1935**
I last saw her alive on **March 17, 1935** Death is said to have occurred on the date stated above, at **12:30 a.m.**

The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset **3-17-35**

Other contributory causes of importance:
930
(Hypertension due to Cerebral Haemorrhage)
Chronic Gastritis, Chronic Myocarditis

Name of physician **Chas. J. ...** Date of _____
What test confirmed diagnosis? **Chas. J. ...** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** 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) **E. A. Fawcett**, M. D.
(Address) **4470 Natural Bridge**

