

JUN 12 1935

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

Do not use this space.

15109

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....
City **St. Louis**

Primary Registration District No. **1003**

File No.....

Registered No. **4007**

St. Ward)

2. FULL NAME

(a) Residence, No. **1927 Benton St.** St. **26** 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 **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 11 - 1867**

7. AGE YEARS **67** MONTHS **9** DAYS **19** 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) **St. Louis Mo.**

13. NAME **Thomas Clifford**

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

15. MAIDEN NAME **Cody**

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

17. INFORMANT (ADDRESS) **Thomas Clifford 1929 Benton St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cathary** DATE **May 3**, 19**35**

19. UNDERTAKER (ADDRESS) **Cullinane Bros 1710 N Grand Blvd**

20. FILED **MAY - 2 1935** 19 **J. Brudeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 30**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 1**, 19**35**, to **April 30**, 19**35**

I last saw her alive on **April 29**, 19**35**. Death is said to have occurred on the date stated above, at **9 a.m.**

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

Cancer of mouth & throat primary seat on side of tongue

Other contributory causes of importance: **none**

Name of operation..... **none** Date of.....

What test confirmed diagnosis? **Physical** 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..... **no**

(Signed) **H. F. Miller**, M. D.

(Address) **84104 Broadway**

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.

8410 N. Broadway