

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

Do not use this space.

SEP 26 1935

27398

1. PLACE OF DEATH

County St Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St. Charles (No. 721) Clay or

File No. _____
Registered No. 119
St. _____ Ward _____

2. FULL NAME

May Fogarty
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 721 Clay (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) 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 59

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. black
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. store
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) James Fogarty
Ireland

13. NAME James Fogarty

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

15. MAIDEN NAME Annice Muller

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

17. INFORMANT (ADDRESS) John Burke
55 Summit ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belvaux DATE Aug 23 1935

19. UNDERTAKER (ADDRESS) Hullen & Kelly
1416 N Taylor ave.

20. FILED Aug 20 1935 Clarence B. Moser
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 5 1935 to Aug 20 1935
I last saw h. or w. alive on August 28 1935 Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Bronchopneumonia
Insanity (type undetermined)
Date of onset ?
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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) R. O. Hayden, M. D.
(Address) St. Charles, Mo.

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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