

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.

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

Do not use this space.

SEP 16 1935

791
1003

27806

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. 6857
St..... Ward.....

2. FULL NAME

(a) Residence, No. 5668 Wabada Cr., St. 6 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1935

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1935, to Aug. 9, 1935. I last saw her alive on Aug. 9, 1935. Death is said to have occurred on the date stated above, at 8:12 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 1847

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

7. AGE YEARS 87 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.

Arteriosclerosis

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

Other contributory causes of importance: Senility

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 Richard J. ...

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

15. MAIDEN NAME Margaret ...

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

17. INFORMANT (ADDRESS) Nellie ...

18. BURIAL, CREMATION, OR REMOVAL PLACE

19. UNDERTAKER (ADDRESS) ...

20. FILED AUG 11 1935 Registrar

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify James P. Dougherty, M. D.

(Address) 1900 Beet Ave.

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