

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

Do not use this space.

SEP 16 1935

**791  
1003**

27955

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo. (No. 2915 Allen Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** MICHAEL DALY

(a) Residence, No. 2915 Allen Ave. St. 17 Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>About 87</u>	MONTHS —	DAYS —
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret Farmer</u>		
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 Unknown

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

15. MAIDEN NAME "

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

17. INFORMANT Wm O. McKenna  
(ADDRESS) 6241 N. Duane

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Grove Cem DATE Aug 21, 1935

19. UNDERTAKER McGowan & Sons  
(ADDRESS) 5175 Delmar Blvd.

20. FILED AUG 19 1935 J. Bredek  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1934, to Aug 16, 1935

I last saw him/her alive on Aug 16, 1935. Death is said to have occurred on the date stated above, at 11:30 m.

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

Chronic Myocarditis  
Acute enteritis  
Heart prostration

Date of onset  
1924  
8/16/35

Other contributory causes of importance:  
Emphysema  
Hypertension  
Chronic

8-1/34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None 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? None  
(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) Charles W. Harris, M. D.  
(Address) 5346 Oriole

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.

