

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.

OCT 23 1935

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

Do not use this space.

30942

1. PLACE OF DEATH

County Registration District No. **791**
1003
Township Primary Registration District No.
City: *St. Louis* (No. *2209*, *Hebert St.*) St. Ward)

File No. **7734**
Registered No.
St. Ward)

2. FULL NAME

Patrick Hurley
(a) Residence, No. *2209 Hebert* 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 *9* yrs. *6* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *September 29th 1851*
7. AGE *83* YEARS MONTHS *11* DAYS *13* If LESS than 1 day,hrs. ormin.

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. *laborer*
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 *James Hurley*

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

15. MAIDEN NAME *Mary McNearney*

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

17. INFORMANT *Sister Jeannine* (ADDRESS) *2209 Hebert St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *9/14* 1935

19. UNDERTAKER *Arthur J. Donnelly* (ADDRESS) *3840 Lindell Blvd*

20. FILED *SEP 14 1935* 19 *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *September 12th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June Sept. 5*, 1935, to *Sept 12*, 1935
I last saw h. in... alive on *Sept. 11*, 1935. Death is said to have occurred on the date stated above, at *4 A* m.

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

Chronic Parenchymatous Nephritis Date of onset

Other contributory causes of importance: *131*
Arteriosclerosis

Name of operation *None* Date of

What test confirmed diagnosis? *clinical* 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) *Anthony A. Prekovich, M. D.*
(Address) *1529 a Cass Ave.*

