

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 3 0 1935

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

Do not use this space.

31256

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No. **Peacemess Hospital**
City **St. Louis** (No. **Peacemess Hospital** St. Ward)

File No.....
Registered No. **8056** (Ward)

2. FULL NAME

(a) Residence, No. **727 Fairview** St. **N.R.** Ward. **Webster Groves Mo.**
(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Gilmore		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1868		
7. AGE YEARS 67	MONTHS 6	DAYS 12
IF LESS than 1 day, hrs. or min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/24**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 24**, 19**35**, to **Sept 24**, 19**35**

I last saw her alive on **Sept 24**, 19**35**. Death is said to have occurred on the date stated above, at **12⁰⁰** p.m.

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

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **h**

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

Intestinal Obstruction due to adhesion from abdominal operation performed for cancer of colon primary seat of cancer probably other contributory causes of importance: Myocarditis chronic

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Chicago Ill.

13. NAME
Michael C. McCarthy

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

15. MAIDEN NAME
Mathely Kay

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

Name of operation **Laparotomy for cancer of colon** Date of operation **Sept 24, 1935**

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

17. INFORMANT (ADDRESS)
John E. Gilmore 727 Fairview

18. BURIAL, CREMATION, OR REMOVAL PLACE
Always bur. DATE **9/26** 19**35**

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. **No**

Manner of injury.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)
Coghlan Und. Co. Inc. 716 Manchester Ave

20. FILED **SEP 25 1935** **J. T. Bredeck** Registrar.

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **Joseph P. Sullivan** M. D.
(Address) **992-1/2 S. 1st St. St. Louis, Mo.**

