

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.

NOV 9 1935

31411

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
 Township \_\_\_\_\_ Primary Registration District No. **1003**  
 City **St Louis** (No. **5751 Northland**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **8252**

**2. FULL NAME**

(a) Residence, No. **5751 Northland St.**, **6** Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thos A Cosgrove**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Not known**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**alt 70**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**  
 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) **Cuba**

13. NAME **Not known**

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

15. MAIDEN NAME **Not known**

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

17. INFORMANT **Mrs Edna Hall**  
 (ADDRESS) **5751 Northland Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Ch.** DATE **Oct 3**, 19**35**

19. UNDERTAKER **Thomas J. Fennell**  
 (ADDRESS) **1579 1/2 Grand Ave**

20. FILED **OCT - 1 1935** 19. **J. T. Brebeck**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-30**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **9/13**, 19**35**, to **9/30**, 19**35**

I last saw him alive on **9/30**, 19**35**. Death is said to have occurred on the date stated above, at **9:45 P. M.**

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

**Chronic Myocarditis** Date of onset **9/13/35**

Other contributory causes of importance: **930**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Electrocardiogram** 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**35**

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) **Thomas J. Fennell**, M. D.  
 (Address) **2743 N. Grand**

1  
The following information was obtained from the records of the  
Department of the Interior, Bureau of Land Management, on  
the subject of the above-captioned land.

Records, Bureau of Land Management

On the 1st day of January, 1900, the following land was  
located in the public domain of the United States:

10

The land is situated in the County of \_\_\_\_\_, State of \_\_\_\_\_, and is described as follows:

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