

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

Do not use this space.

MAR 14 1936

734

1. PLACE OF DEATH

County Callas Registration District No. 245
Township Jencks Primary Registration District No. 5229
City St. Louis (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Mattha Ann O'Connell
(a) Residence, No. _____ St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeremiah O'Connell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
73 2 23

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

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) Mo.

13. NAME Samuel Jones

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Fessie O'Connell
St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bouras Chapel DATE 1-27-36

19. UNDERTAKER (ADDRESS) H. B. Jones
Buffalo Mo.

20. FILED March 10, 1936 Alice Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1936, to 1/26, 1936

I last saw her alive on 1/23, 1936. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Food poisoning
Bright's disease
Date of onset 2/8

Other contributory causes of importance: _____

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 _____

(Signed) L. A. H. Jones, M. D.
(Address) St. Louis Mo.

