

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

Do not use this space.

1. PLACE OF DEATH **FEB 11 1936**

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4820**, **Hammett Pl**)
 St. _____ Ward _____

File No. _____
 Registered No. **653**
 St. _____ Ward _____

2. FULL NAME **Julia M. Tuohy**
 (a) Residence, No. **4820 Hammett Pl** St. **6** Ward. _____
 (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

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Michael J.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **about 1870**
 7. AGE YEARS **65** MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Home**
 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**

MOTHER FATHER
 13. NAME **Thomas Keeney**

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

MOTHER FATHER
 15. MAIDEN NAME **Mary O' Malley**

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

17. INFORMANT **Mrs Nona J. Hayes**
 (ADDRESS) **4820 Hammett Pl**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **January 20, 1936**

19. UNDERTAKER **Cullen - Kelly**
 (ADDRESS) **1416 N. Taylor Ave**

20. FILED **JAN 17 1936**
J. J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 16, 1936**
 22. I HEREBY CERTIFY, That I attended deceased from **Jan 13, 1936** to **Jan 16, 1936**
 I last saw him alive on **Jan 16, 1936**. Death is said to have occurred on the date stated above, at **11:50 p. m.**
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation Heart Date of onset **1-13-36**
Myocarditis **10 years**
 Other contributory causes of importance: **930**

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) **John J. Thomas** M. D.
 (Address) **4145 St. Louis Ave**

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

