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.

APR 11 1936

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

Do not use this space.

12908

791
1003

File No. .....
Registered No. 2972

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. 921 Wilmington St. ..... Ward)

2. FULL NAME John J. McCaffrey

(a) Residence, No. 921 Wilmington St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret McCaffrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	3	12	

OCCUPATION

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

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

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) Indiana

FATHER

13. NAME Owen McCaffrey

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

MOTHER

15. MAIDEN NAME Helen (Unknown)

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

17. INFORMANT Mr. K. McCaffrey
(ADDRESS) 921 Wilmington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cem. DATE 3-16, 1936

19. UNDERTAKER Southern Und. Co.
(ADDRESS) 6322 S. Grand

20. FILED MAR 18 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Mar 15, 1936
I last saw h. alive on Mar 15, 1936. Death is said to have occurred on the date stated above, at 3:40 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Myocarditis, probably chronic	
Sub acute Nephritis probably caused by chr. myocarditis	

Other contributory causes of importance: 92a

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? —
If so, specify .....
(Signed) L. E. Purdy, M. D.
(Address) 3936 N. Vandeventer