

MAY 7 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003

17068  
File No. 3821  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... 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 Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
57 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lateral  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. U. Ry  
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) Shang Mo.

13. NAME Michael Scanlon

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

15. MAIDEN NAME Margaret Pierce

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

17. INFORMANT James Scanlon  
(ADDRESS) 2710 N. 25 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 4/8 1936

19. UNDERTAKER Meier + Dickman  
(ADDRESS) 3039 Eastern Ave

20. FILED APR 7 1936 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935, to April 6, 1936

I last saw him alive on April 6, 1936 Death is said

to have occurred on the date stated above, at 10 a.m.

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

Carcinoma of Lungs. Date of onset

Other contributory causes of importance: Primary Carcinoma of Mandible

Name of operation Resection of Mandible Date of operation  
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? No  
If so, specify

(Signed) Anthony A. Piekarski, M. D.  
(Address) 1535 a Cass 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

