

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791**

Do not use this space

AUG 10 1936

28500

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City **St. Louis,** (No. **1509a Blair Ave.**) St. Ward

File No.....
Registered No. **7265**
St. Ward

2. FULL NAME Martin John McDermott.

(a) Residence, No. 1509a Blair Ave. St. 26 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1870.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>9</u>	<u>29</u>	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Kirkwood (STATE OR COUNTRY) MO.

FATHER

13. NAME John McDermott.

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

MOTHER

15. MAIDEN NAME Ann Unknown

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

17. INFORMANT Mary McDermott (ADDRESS) 1509a Blair Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE July 17th, 1936

19. UNDERTAKER Central and Co (ADDRESS) 1841 Cass

20. FILED JUL 15 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1934 to July 13th 1936
I last saw him alive on 5 pm 7/31, 1936 Death is said to have occurred on the date stated above, at 5.30 A. M.

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

Arteriosclerosis
Heart Exhaustion
Heat Stroke

Other contributory causes of importance:
Pharyngitis
Pneumonia

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? No 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 of injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) J. E. Graham, M. D.
(Address) 1502 Cass Ave. St. Louis

WRITE PLAINLY, WITH UNFADING INK. THIS IS A STATE RECORD. 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.

Dr. Graham
1502a Cass Ave.