

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

No. 5741

Cote Brillant

File No. 36074

Registered No. 9715

St. Ward)

2. FULL NAME

(a) Residence, No. 5741 Cote Brillant 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 3 20

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

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

13. NAME Patrick Conway

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

15. MAIDEN NAME Catherine Alcock

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

17. INFORMANT (ADDRESS) Patrick J. Tighe

18. BURIAL, CREMATION, OR REMOVAL PLACE 6 Albany DATE 9/26/36

19. UNDERTAKER (ADDRESS) Chas. L. Smart

20. FILED 1235 Registrar. W. Predeck

SEP 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1936, to Sept. 21, 1936

I last saw her alive on Sept. 21, 1936. Death is said

to have occurred on the date stated above, at 10:54 a.m.

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

Malignant Hypertension about 1934

Other contributory causes of importance: about 1928, about 1930

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? No

If so, specify.....

(Signed) Chas. L. Smart, M. D.

(Address) 1910 Belt

