

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.

NOV 4 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36517

1. PLACE OF DEATH

County NorthRegistration District No. 905Township AllenPrimary Registration District No. 6216City (No.)File No. 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 11 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18527. AGE 84 YEARS 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. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Louis Mo. (STATE OR COUNTRY)13. NAME Thomas Baird14. BIRTHPLACE (CITY OR TOWN) County Clare (STATE OR COUNTRY) Ireland15. MAIDEN NAME Elen Cooney16. BIRTHPLACE (CITY OR TOWN) County Fermanagh (STATE OR COUNTRY) Ireland17. INFORMANT B. Brown (ADDRESS) Denver Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ellendale DATE Sept 21 193619. UNDERTAKER Brown Bros (ADDRESS) Denver Mo.20. FILED Sept 21 1936 B. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 193622. I HEREBY CERTIFY, That I attended deceased from Sept 19 1936 to Death 1936I last saw him alive on morning of Sept 19 1936. Death is said to have occurred on the date stated above, at 7 P m.

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

Cerebral Hemorrhage Date of onset Sept 19 1936Other contributory causes of importance 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? NoIf so, specify (Signed) J. H. Haily D. O., M. D.(Address) Denver Mo

