

DEC 3 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 St. Louis

(No. City Hospital No. 1

File No. 42642

Registered No. 11150

B. 9272

Mary Harrigan

## 2. FULL NAME

3821 Westminister St.

19 Ward.

(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

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

Johanthan Harrigan

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

?

1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

69

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

hwk

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) (STATE OR COUNTRY)

Missouri

13. NAME

Nicholas White

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

Ireland

15. MAIDEN NAME

Rosanna Farrell

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

Ireland

17. INFORMANT (ADDRESS)

Hosp. Info. M.H. Kent  
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cemetery

DATE

11-10

1936

19. UNDERTAKER (ADDRESS)

Arthur J. Donnell U. C. O.  
3540  
Lincoln Ave.

20. FILED

NOV

9 1936

J. H. Bedeck  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

11/7/36

19

22. I HEREBY CERTIFY, That I attended deceased from

9/19/36

11/7/36

19

I last saw her alive on 11/7/36 12:45 p.m. Death is said

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

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

Eventration of diaphragm  
Carcinoma of bladder,  
urinary

Cause of eventration of diaphragm

Other contributory causes of importance:

unknown.

Name of operation none Date of

What test confirmed diagnosis? 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

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) W. H. Benchtold M. D.

(Address) City Hospital No. 1

