

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.

JAN 10 1937

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

Do not use this space.

46414

1. PLACE OF DEATH

County _____
Township St. Louis
City St. Louis (No. _____)

Registration District No. 791
Primary Registration District No. 1008
3216 Harper Str.

File No. _____
Registered No. 12201
St. _____ Ward _____

2. FULL NAME Julia A. Mangan

(a) Residence, No. 3216 Harper Str St. 10 Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/16/1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 3 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. Home
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) St. Louis, Mo.

13. NAME Michael Mangan

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

15. MAIDEN NAME Mary Tracy

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

17. INFORMANT Nellie Mangan,
(ADDRESS) 3216 Harper Str

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12/14/36 19. _____

19. UNDERTAKER W. A. Stock Und. Co.
(ADDRESS) 2117 E. Grand Blvd.

20. FILED DEC 12 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1936, to Dec 10th, 1936.

I last saw her alive on Dec 10th, 1936. Death is said to have occurred on the date stated above, at 11 P.M.

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

valvular disease of the heart Date of onset none known

Other contributory causes of importance: None

Name of operation _____ Date of _____
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 _____, 1936

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) J. N. Wilson, M. D.
(Address) 436 1/2 W. Main Ave

W. H. H. H.