

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.....) St..... Ward.....

FEB 8 1937

Registration District No.....

791

1008

Primary Registration District No.....

3189

File No.....

Registered No.....

214

2. FULL NAME

(a) Residence No..... 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. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
	Male	Wh
MOTHER	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	
	Maria Molloy	
FATHER	6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	
	June 24, 1872	
OCCUPATION	7. AGE	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	64	Plumber
MOTHER	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	11. Total time (years) spent in this occupation
	None	6
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	13. NAME
	Ireland	John Moran
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	15. MAIDEN NAME
	Ireland	Mary Brown
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	17. INFORMANT (ADDRESS)
	Ireland	John Moran
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE	19. UNDERTAKER (ADDRESS)
	St. Mary's	St. Mary's
FATHER	20. FILED	21. REGISTRAR
	6-13-37	J. Bredek

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 1 1936 to Jan 4 1937

I last saw him alive on Jan 4 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Chronic myocarditis

Other contributory causes of importance: general hypertension

Name of operation: none Date of: none

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: none

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: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: none

(Signed) Roland R. Meunier M. D.

(Address) 5330 Geraldine Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT 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.

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