

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. St. Johns Hospital)
 Registration District No. 791
 Primary Registration District No. 1003
 File No. 3294
 Registered No. 322
 St. _____ Ward _____

2. FULL NAME Nora Lanigan

(a) Residence, No. 5577 Terry St. 6 Ward 1
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 63

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 10/36 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Patrick Lanigan

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. O'Brien 5577 Terry

18. BURIAL, CREMATION, OR REMOVAL PLACE Central DATE 1/9/37

19. UNDERTAKER (ADDRESS) Cullen Kelly 1716 N. Taylor

20. FILE JAN 8 1937 J. J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-29-1937, to 1-6-1937
 I last saw h.e.r. alive on 1-6-1937. Death is said to have occurred on the date stated above, at 12P m.
 The principal cause of death and related causes of importance were as follows:

Chor. Myocarditis

Other contributory causes of importance: Branchial Asthma

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? _____
 If so, specify _____ (Signed) C. J. Kelly M. D.
 (Address) 377 E. Jackson

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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