

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FEB '8 1937 791

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No. **1003**
(No. **1312** Prairie Ave. **9**)

File No. **3709**
Registered No. **744**
St. Ward)

2. FULL NAME **Patrick O'Malley**

(a) Residence, No. **1312** Prairie Ave. St. **11** Ward. **1**
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF ~~XXXXXXXXXXXX~~ **Unknown**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Occupation 1999**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Unknown**
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) **Ireland 15**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 31**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 31**

17. INFORMANT (ADDRESS) **M. J. Cullivane 2710 North Grand**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **1/18/37**

19. UNDERTAKER (ADDRESS) **Cullivane Bros 1710 N Grand Blvd**

20. FILED **JAN 18 1937** **J. J. Predeck** Registrar.

No MEDICAL CERTIFICATE OF ATTENDANCE
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 15, 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **8:30 P.M.**
The principal cause of death and related causes of importance were as follows:

Central Apoplexy
Arteriosclerosis
Other contributory causes of importance: **82**

Name of operation..... 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..... 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) **Joseph M. Zuercher**
(Address) **Agency Bureau**

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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Date of onset

