

JAN 26 1937

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

Do not use this space.

1. PLACE OF DEATH

90 County St. Louis
Township Carondelet
City Jefferson Barracks (No. Veterans Administration Facility)

Registration District No. 1123
Primary Registration District No. 624803 / 1

File No. 4420
Registered No. 16
St. _____ Ward _____

2. FULL NAME Thomas HANNIGAN

(a) Residence, No. 1901 Parsons Ave., St. _____ Ward E. St. Louis, Illinois 2
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. 1m mos. own ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) June 15, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day.hrs. ormin.
	<u>48</u>	<u>6</u>	<u>26</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> <u>237</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>
	11. Total time (years) spent in this occupation. <u>Unav.</u>

12. BIRTHPLACE (CITY OR TOWN) Iron Mountain (STATE OR COUNTRY) Missouri

13. NAME Dennis Hannigan

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

15. MAIDEN NAME Kate (Unavailable)

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

17. INFORMANT M. Schilling (ADDRESS) Clinical Clerk, Jeff Brks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Dennis's DATE Jan 14 1937

19. UNDERTAKER W. H. Kurrus (ADDRESS) 2575 Brady St. E. St. Louis

20. FILED Jan. 12 1937 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1936, to January 11, 1937

I last saw him alive on January 11, 1937. Death is said to have occurred on the date stated above, at 4:13 p.m.

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

Lung abscess, right base, with surrounding pneumonitis Date of onset Unkn.

Other contributory causes of importance:
Pulmonary hemorrhage, incident to lung abscess Unkn.
Bronchopneumonia, left lung Unkn.

Name of operation x-ray Date of 1070
What test confirmed diagnosis? laboratory & autopsy findings Was there an autopsy? Yes

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 yes
(Signed) C. W. HUGHES, M.D., Chief Med. Officer, M. D.
(Address) Vet. Adm. Fac., Jeff. Brks., Mo.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Jeff. B. City (No. _____, _____ St. _____ Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 16

2. FULL NAME

Thomas Hammigen

(a) Residence, No. _____ St. _____ 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (use the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>48</u>	<u>6</u>	<u>26</u>	

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED Jan. 12 1937 Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him/her alive on _____, 19____. 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:

lung abscess right
based with surrounding
pneumonitis

Autopsy findings do not mention tuberculous abscess.

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. M. Hughes, M. D.
(Address) Med. officer Jeff. B. City

SUPPLEMENT

0244-5