

APR 9 1937

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

Do not use this space.

791
1003

10912

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. 57.17, NOTTINGHAM AVE. 7) St. Ward)

File No.
Registered No. 3486

2. FULL NAME JULIA KILFOY

(a) Residence, No. 2618 N. 23, ST. St. 20 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN L. KILFOY		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26 - 1875		
7. AGE	YEARS 61	MONTHS 3
	DAYS 4	If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23rd, 1937, to March 29th, 1937

I last saw h. or alive on March 29, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

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

Uremia
Ch. Nephritis
Hypertension (hypertensive) Results
of Cerebral Hemorrhage

Other contributory causes of importance:
Arteriosclerosis

Date of onset 3 days

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	ST. LOUIS, MO.
	13. NAME	DENNIS DORSEY
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	IRELAND
	15. MAIDEN NAME	UNKNOW'N
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	UNKNOW'N

Name of operation..... Date of.....
What test confirmed diagnosis? Lab. Was there an autopsy? Yes

17. INFORMANT (ADDRESS)	JOHN L. KILFOY 2618 N. 23, ST
18. BURIAL, CREMATION, OR REMOVAL PLACE	CALVARY CEMETERY DATE APRIL 14, 1937
19. UNDERTAKER (ADDRESS)	Goodhart & Goodhart 222 S. 1st St. St. Louis, Mo.
20. REGISTRAR	J. Bredeck MAR 31 1937 Registrar.

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) Arthur S. Sunders, M. D.
(Address) 2202 University St.

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.

899

3

Date of onset 3 days

