

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis County Registration District No. 789  
Township Norman Central Primary Registration District No. 6033  
City King Lawn, Mo. (No. 3718, Jennings Road St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 13447  
Registered No. 68

2. FULL NAME Miss Bridgett McDermott

(a) Residence, No. 5622 Jennings Road. St. \_\_\_\_\_ Ward. Jennings Mo. \_\_\_\_\_  
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 76 1 19

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. \_\_\_\_\_  
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

MOTHER FATHER  
13. NAME John McDermott

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

15. MAIDEN NAME Mary Croghan

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

17. INFORMANT Mrs. Nora Galbraith  
(ADDRESS) 5622 Jennings Road

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Flora Hill DATE Feb. 24, 19 37

19. UNDERTAKER Jos. Clark  
(ADDRESS) 1125 Hodiamont Ave.

20. FILED 2-22, 19 37 Ed. Boehmer  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 19 37

22. I HEREBY CERTIFY, That I attended deceased from May 14, 19 30, to Feb. 21, 19 37  
I last saw her alive on Feb. 21, 19 37. Death is said to have occurred on the date stated above, at 3:40 A.

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

Cardio-vascular-renal disease Date of onset \_\_\_\_\_  
Senile type. Myocarditis.  
Endocarditis. Mitral insufficiency  
Chr. hypertension  
Chr. arteriosclerosis ?  
Other contributory causes of importance: 15  
Senile dementia.  
Uremia, Uremic coma and heart block. 7/26/36

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Cl. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? Home  
(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 \_\_\_\_\_

(Signature) Ed. Boehmer, M. D.  
(Address) 3718 Jennings Rd.

2/21/37

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.

