

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.

MAY 7 1937

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH 791

Do not use this space.

14732

1. PLACE OF DEATH

County..... Registration District No. **1008**
 Township..... Primary Registration District No.
 City **St. Louis Mo.** (No. **1912 Hickory St.**) St. Ward)

File No.
 Registered No. **4228**
 St. Ward)

2. FULL NAME

Mrs. Mary C. Conlan

(a) Residence, No. **1912 Hickory St.** **22** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **WIDOW**
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **APRIL 22 1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Conlan**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 2 1937**, to **April 22 1937**

I last saw h. or alive on **April 22 1937**. Death is said to have occurred on the date stated above, at **6¹⁰ P. m.**
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 9 1861**

7. AGE YEARS **76** MONTHS **1** DAYS **13** If LESS than 1 day, hrs. or min.

Other contributory causes of importance:

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

Chr. Interstitial Nephritis 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **" "**

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10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Chr. Myocarditis 1933

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

13. NAME **John Hatch**

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

15. MAIDEN NAME **MARY UNK**

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

17. INFORMANT **MARY KINSELLA**
 (ADDRESS) **1912 Hickory St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEM.** DATE **APRIL 26 1937**

19. UNDERTAKER **E. J. Schurz**
 (ADDRESS) **3125 S.quette ave**

20. **APR 23 1937** **J. B. Sedwick**
 Registrar

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? **No**

If so, specify

(Signed) **Frank Cleary**, M. D.

(Address) **1935 Park**

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