

JUN 29 1937

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

Do not use this space.

1. PLACE OF DEATH

St. Louis

County

Registration District No. 785

Township Bonhomme

Primary Registration District No. 6031

City Fenton (No. 1)

File No. 21267

Registered No. 65

2. FULL NAME John P. Dunigan

(a) Residence, No. Fenton, Mo., St., Ward.

(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 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

11/15/1867

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 6 5

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

13. NAME Patrick Dunigan

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

15. MAIDEN NAME Mary Gateley

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

17. INFORMANT (ADDRESS) Richard Dalton Fenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Lynesville, Mo. 5/22/37

19. UNDERTAKER (ADDRESS) Kenneth W. Koch Fenton, Mo.

20. FILED 5-21-37 19. 37 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20/37 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to May 19, 1937

I last saw him alive on May 20, 1937. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Chronic Endocarditis

Date of onset

Other contributory causes of importance:

Rheumatism

Name of operation Date of What test confirmed diagnosis? X Ray 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) R. W. Dalton M. D. (Address) Fenton, Mo.

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.

