

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.

AUG 11 1937

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

Do not use this space.

86399

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township Kear Primary Registration District No. 1002
City Manassas City (No. 215 - W - Armour)

File No. _____
Registered No. 3 (Ward)
St. _____

2. FULL NAME Lucie Maude Toohy

(a) Residence, No. 215 - W - Armour 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 Fe 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 Wm D. Toohy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-27-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>35</u>	<u>63</u>	<u>8</u>	<u>25</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris mo

13. NAME George W Massey

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

15. MAIDEN NAME Johanna Pass

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

17. INFORMANT W. D. Toohy (ADDRESS) Slater mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater mo DATE July 24 1937

19. UNDERTAKER Mr. E. B. Foster (ADDRESS) 918 - Brooklyn B. C. Mo

20. FILED July 23 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from July 8 1937, to July 22 1937.
I last saw her alive on July 22 1937. Death is said to have occurred on the date stated above, at 9:32 P.M.

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

Anemia & Terminal Bronchitis pneumoniae Bilateral
Date of onset July 15 37

Other contributory causes of importance:
Arterio-sclerosis, Chronic Nephritis, and Coronary of Heart

Name of operation Radium to Uterus Date of Oct. 1936
What test confirmed diagnosis? None 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) Joseph A. Coward M. D.
(Address) 1324 Professional Bldg

1 to 5 P.m.
1324 Prof Redg