

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St Charles (No. 1015, Clay Sts.)

File No. 28202
Registered No. 176
St. _____ Ward _____

2. FULL NAME

Hellie T. Hanlon
(a) Residence, No. St Charles 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12th 1876
7. AGE YEARS 61 MONTHS 3 DAYS 8 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30th 1937
22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1936 to July 30, 1937
First saw her alive on July 20, 1937 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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 _____

Carcinoma of Stomach Date of onset _____
No
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brough Co. Sligo Ireland

Name of operation Exploratory Date of Apr. 1936
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME McManus

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

15. MAIDEN NAME Mary Cullen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brough Co. Sligo Ireland

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 _____

17. INFORMANT (ADDRESS) Thomas Hanlon 615 Clay St St Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Romance Cem. DATE July 23 1937

19. UNDERTAKER (ADDRESS) Chas. D. Dalrymple & Sons Co St Charles Mo.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J M Jenkins, M. D.
(Address) St Charles, Mo

20. FILED 7/27 1937 Clarence H. Nesler Registrar

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.

2
15
31
15

