

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
 Township Meramec
 City St. Joseph (No. 445)

Registration District No. 445

Primary Registration District No. 5589

File No. 11

3189

Registered No. 57

Ward

2. FULL NAME

(a) Residence, No. St. Joseph Hill Infirmary, Cuba, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 23 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hanley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/6/1869

7. AGE YEARS 68 MONTHS 6 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) County Tipperary, Ireland (STATE OR COUNTRY)

FATHER 13. NAME Thomas Hanley

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

MOTHER 15. MAIDEN NAME Johanna

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

17. INFORMANT Mrs. F. Schramm (ADDRESS) 4412 Osceola Street

18. BURIAL, CREMATION OR REMOVAL PLACE East St. Louis Ill. DATE Jan. 26 1938

19. UNDERTAKER Wells, Walker & Warner (ADDRESS) East St. Louis Ill.

20. FILED 1/23 38 James A. Torrens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1938 to Jan. 21, 1938. I last saw him alive on Jan. 21, 1938. Death is said

to have occurred on the date stated above, at 6:25 Pm. The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? 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 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. Jesse S. Sargent, M. D. (Signed) Burke Mo. (Address)

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.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
NO. STATE DEPT. OF HEALTH