

JUN 17 1938

REC'D JUL 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis Registration District No. 784
Township Carondelet Primary Registration District No. 702
City Jefferson Barracks (No. Ver Hop) St. _____ Ward _____

File No. 23008
Registered No. 450

2. FULL NAME John L. HULLIHAN

(a) Residence, No. 5032 Murdock Avenue, St. _____ Ward Saint Louis, Missouri.
(Usual place of abode) Unkn. (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 --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 10, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator
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) Old Orchard, Missouri

13. NAME John W. HULLIHAN

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

15. MAIDEN NAME Catherine Hackett

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

17. INFORMANT Clifford A. Hackett, Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE June 18 1938

19. UNDERTAKER (ADDRESS) Peetz Brothers 3029 Lafayette Ave

20. FILE JUN 17 1938 R. M. Meyer, M.D., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938 to June 16, 1938

I last saw him alive on June 16, 1938. Death is said to have occurred on the date stated above, at 12:15 P.

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

tuberculosis, pulmonary, chronic, far-advanced, active. Date of onset Unkn.

Other contributory causes of importance: None

Name of operation None Date of Phys. Clinical manif. and laboratory
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 _____
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? Not
If so, specify _____

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 22-36
MAY 1 1934

