

REC'D FEB 10 1939

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

75

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003 Registered No. 75
(c) City..... (d) Street No. 8521 S. Broadway St. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Gorman

(a) Residence, No. 8521 S. Broadway St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Gorman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) St. James Mo.

FATHER 13. NAME James Dalton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Budget Mc Cormick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Wm Gorman 8521 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive DATE 1-5-39, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Grand Blvd 6322

20. FILED JAN 3 1939 J. D. Bickel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1938, to Jan 1, 1939

I last saw her alive on Jan 30, 1939 Death is said to have occurred on the date stated above, at 11:25 P.m.

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

Coronary artery disease (obstruction) Date of onset Dec 20
arterio-sclerosis & hypertension 2 yrs?
Other contributory causes of importance
Chronic nephritis
chronic myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 George A. Halloran M.D.

(Signed) George A. Halloran M.D.
(Address) 421 W. Schumaker

C. [unclear]
[unclear]
[unclear]
[unclear]
[unclear]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Wilson Collins

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Wilson Collins*

Licensed Embalmer No. *3887*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.