

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

Do not use this space.

35312

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **3947**) **Perishing**

File No.....
Registered No. **10300**
St. Ward)

2. FULL NAME

(a) Residence. No. St. **5** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Julia Furey**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 10 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 7 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Furman**
(b) General nature of industry, business, or establishment in which employed (or employer) **St Louis Fire Dept**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **Michael Furey**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Elizabeth Madan**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT (Address) **Julia Furey 3947 Perishing**

15. FILED **319** **Mar 6 Star** Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 19 1928**

17. I HEREBY CERTIFY That I attended deceased from **May 1928** to **Oct 19 1928**, that I last saw him alive on **Oct 19 1928**, and that death occurred, on the date stated above, at **7:20** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis with arterio-sclerosis

151
57A
CONTRIBUTORY (SECONDARY) **Chronic Arteritis (Arteriosclerosis)**

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? **129 W**

DID AN OPERATION PRECEDE DEATH? DATE WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **W F Beuler**, M. D. **Oct 20, 1928** (Address) **2206 Howard St**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **Oct 27 1928**

20. UNDERTAKER **Harrigan & Sheahan** ADDRESS **4413 Washington**

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.

