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.

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

Do not use this space.

39022

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11684

City St Louis (No. Isolation Hospital St. ..... Ward)

2. FULL NAME Patrick Pelley

(a) Residence. No. New Orleans House 3 Sad Chestnut Ward 26
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Ida Pelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13 - 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	44	9	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Joe Pelly

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

12. MAIDEN NAME OF MOTHER Mary Andreis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina

14. INFORMANT Miss M. Headrick
(Address) Isolation Hospital

15. FILED ..... 19..... Max C Starkloff
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928 to Nov 30, 1928 that I last saw him alive on Nov 29, 1928, and that death occurred, on the date stated above, at 4:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis, Meningococcic
24
(duration) 0 yrs. 0 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
Secondary (duration) 0 yrs. 0 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not Known

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Henry H Garrison, M. D.

11/30, 1928 (Address) ISOLATION HOSPITAL

*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	DATE OF BURIAL
Calvary Cem	Dec 3 1928

20. UNDERTAKER	ADDRESS
A Kron Loreco	2707 N Grand