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

Do not use this space.

32392

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5251 Lotus Ave St. ..... Ward)

File No. .....

Registered No. 9490

2. FULL NAME Bridget Fahey

(a) Residence. No. ..... St. 6 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. 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)
Female	White	Widow

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Patrick Fahey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	76			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Lawrence Duggan

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

12. MAIDEN NAME OF MOTHER Mary Gaul

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

14. INFORMANT Mrs Joseph Lydon
(Address) 5251 Lotus Ave

15. FILED ..... 19 ..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/23/29 19

17. I HEREBY CERTIFY, That I attended deceased from 1/15/27, 19..., to 9/23/29, 19..., that I last saw her alive on 9/22/29, 19..., and that death occurred, on the date stated above, at 230 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus

59

1278 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cholecystitis acute

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED* 57

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D. J. Falk, M. D.

9/23/29 19 (Address) Beaumont Bldg

*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
Jerseyville Ills	9-25 1929

20. UNDERTAKER	ADDRESS
Arthur J Donnelly	2039 Wash St

235

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