

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

Do not use this space.

14565

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis* (No. *4806 St Louis a*)

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *3915.*
St. Ward

2. FULL NAME

Cornelius Doughlin

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Elizabeth Doughlin

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

Jan 15 1854

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<i>76</i>	<i>3</i>	<i>3</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Retired*

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Ireland*

PARENTS

10. NAME OF FATHER

John Doughlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Ireland*

12. MAIDEN NAME OF MOTHER

Julia Riley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Ireland*

14. INFORMANT

Elizabeth Doughlin

(Address) *4806 St Louis a*

15. FILED

APR 20 1930

REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 18 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Apr 12 1930* to *April 18 1930*

that I last saw him alive on *Apr 18 1930*, and that death occurred, on the date stated above, at *12 40 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

106B
Arterio-sclerosis *Senile*
Chronic Bronchitis - Bronchiectasis
non Tubercular

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

99B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? *lung autopsy*

(Signed) *Louis H. Babson* M. D.

April 19, 1930 (Address) *102 20 Broadway*

*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

Always

4-21 1930

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly *2039 Wash St*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms. PHYSICIANS SHOULD STATE N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

100 W. Broadway

12-3-