

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.

Don. Doonan
114 Taylor St

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

Do not use this space.

23656

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 100B
City St. Louis (No. St. Paul V. Hosp)

File No.....
Registered No. 7175
St..... Ward)

2. FULL NAME

Mary Sheridan
(a) Residence, No. 1209 Manroe St St., 26 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 Female 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
13. NAME John Kiernan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Bridget Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT (ADDRESS) Phill Sheridan
1249 Manroe St
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 1 1931
19. UNDERTAKER (ADDRESS) Edw. J. Howard & Sons
4212 St. Louis Ave
20. FILED JUN 29 1931 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1931
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 25, 1931
I last saw her alive on June 25, 1931 Death is said to have occurred on the date stated above, at 11:05 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Embolism Date of onset
131
23
Other contributory causes of importance:
chronic nephritis
Name of operation 131 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? 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
(Signed) Wm J. Doonan, M. D.
(Address) 1943 N 11th St St Louis Mo

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