

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

Do not use this space.

42094

1. PLACE OF DEATH

County St. Louis

Registration District No. 789

Township Central

Primary Registration District No. 620 338

City St. Louis, Mo. (No. 6800)

St. Natural Bridge Rd. (Ward)

File No. 10000

Registered No. 345

2. FULL NAME

Annie O. Leary

(a) Residence, No. Kimloch, Mo. St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931 to Dec 1, 1931

Last saw him alive on Nov 27, 1931 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27 = 1860.

to have occurred on the date stated above, at 11:45 AM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 10 4

The principal cause of death and related causes of importance were as follows:

Intestinal Cancer of Date of onset

all Adenoc.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

Scrubty Arterio Sclerosis

Hypertension General Anemia

Anemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME William Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Kate Mc Cough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

17. INFORMANT (ADDRESS) John F. Turner
Kimloch, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Delaware DATE Dec. 3, 1931

19. UNDERTAKER (ADDRESS) Jos. W. Clark
225 No. Diamond Ave

20. FILED 12-2-1931 J. G. Grey, M.D. Registrar.

Name of operation None Date of

What test confirmed diagnosis? Chemical 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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Late O. Turner, M. D.

(Address) 3718 Jennings Rd.

PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

12-11-11

12-11-11

DR. LUKE B. TIERNON
3718 JENNINGS ROAD

PINE LAWN, MO.

February 25, 1932.

St. Louis Co.

Rec.

Mrs. Naomi Wells,
Jefferson City,
Missouri.

Dear Madam:

RE: Mrs. Anna O'Leary.

December 1-1931

In answer to your letter of February 23rd, in reference to Mrs. Anna O'Leary. This mentioned deceased person was an advanced generalized abdominal and pelvic carcinoma case, when she was taken to the home of incurables. She was placed there through the kindness of some benefit organization and the sisters who control this incurable home.

Without question she was under the care of some physician prior to entering this home. From all evidence, I would state that this malignancy had its beginning or origin in the pelvic viscus, uterus, ovaries and tubes, and metastasis through the abdomen.

Respectfully,

48
Supp
Luke B. Tiernon, M.D.

WRITE
N. B. - Every item
USE COPY

S-42094-a