

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

Do not use this space.

2559

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 31488) Marcus St. .... Ward)

File No.....  
Registered No. 252  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St., 10 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dennis Sullivan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 13 1867</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife 235</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
FATHER	13. NAME <u>Daniel O'gan</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	15. MAIDEN NAME <u>Not ascertainable</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>u u u</u>			
	17. INFORMANT (ADDRESS) <u>Dennis Sullivan</u> <u>31488 Marcus</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>1/11</u>			
19. UNDERTAKER (ADDRESS) <u>W. H. ...</u>				
20. FILED <u>1-11-32</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1932

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1931, to Jan 7, 1932  
I last saw h. alive on January 7, 1932 Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia  
Bronch  
Myocarditis Acute  
Acute Dehydration Heart

Name of operation..... Date of.....  
What test confirmed diagnosis? By Eye 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?.....  
If so, specify No  
(Signed) W. H. ... M. D.  
(Address) 5850 N. Easton Ave

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.

