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.

AFR 29 1932

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

10052

1. PLACE OF DEATH
96 County St Louis — Registration District No. 1170 — File No.
7 Township — Primary Registration District No. 624 8th — Registered No. 52
7 City Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME Catherine Shaffrey
(a) Residence. No. St., Ward. House Springs Mo
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Shaffrey
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7-1876
7. AGE Years 56 Months 1 Days 1 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Local
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Owen O'Brien
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Devin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
14. INFORMANT Frank Shaffrey
(Address) House Springs Mo
15. FILED 3/7 1932 C L Jenson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1932
17. I HEREBY CERTIFY, That I attended deceased from 1st Mar, 1932, to March 7, 1932, that I last saw her alive on March 6, 1932, and that death occurred, on the date stated above, at 6 45 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis - Heart Block
Auricular Fibrillation
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Colloid Thyroid - Toxic
Adenomatous Thyroid
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? House
DID AN OPERATION PRECEDE DEATH? No. DATE OF (1)
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm F. Clancy M.D.
3/7/32 19 (Address) University Club 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 Bernisville Mo
DATE OF BURIAL 3/10/32 19
20. UNDERTAKER Ambrister Mrt Hkg Co
ADDRESS 4234 Manchester St Louis Mo