

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

Do not use this space.

14786

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. _____
 Township St. Louis Primary Registration District No. 11012 Registered No. 4184
 City St. Louis (No. _____) City Hospihill St. _____ Ward _____

2. FULL NAME

Mary Bohannan Fagan
 (a) Residence, No. 5600 Grand St. Ward. _____ (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1915

7. AGE YEARS 19 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) St. Louis, Missouri

FATHER
 13. NAME James F. Fagan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
 15. MAIDEN NAME None Kavanaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) None Kavanaugh

18. BURIAL, CREMATION, OR REMOVAL PLACE Bagdad DATE April 28, 1932

19. UNDERTAKER (ADDRESS) John P. Callahan

20. FILED 28 15 1932 Registrar J. W. Kerrier

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:
Shock + Burns (2d. 3d degree)
received when clothing became ignited while attempting to start fire at residence. In coal stove with naptha gas.
 Other contributory causes of importance: No burning body.

Date of onset 38
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 4/27, 1932
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Starting fire with naptha gas.
 Nature of injury Burns 2d. 3d degree

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. W. Kerrier M.D.
Dep. Comm.

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.

