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.

NOV 28 1932

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

Do not use this space.

[illegible]367

1. PLACE OF DEATH

94

County St Francois — Registration District No. 775 — File No.

Township Perry — Primary Registration District No. 6020 — Registered No. 80

City ~~Bonne Terre~~ (No. ..... St. ..... Ward)

2. FULL NAME John Creely

(a) Residence. No. ..... St. ..... 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: Male

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 Alvatina Creely

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 - 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	3	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: 0

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Florissant, Mo.

PARENTS

10. NAME OF FATHER: John Creely

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): France

12. MAIDEN NAME OF MOTHER: Mary (Last name unknown)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: Leola Kenworthy
(Address) Bonne Terre Mo.

15. FILED 11/2, 1932 T. A. Son
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31, 1932

17. I HEREBY CERTIFY, That I attended deceased from August, 1931 to Oct 31, 1932, that I last saw him alive on Oct 30, 1932, and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of bladder

51 B

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 51 B

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ①

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) N. W. Hawkins, M. D

Nov 2, 1932 (Address) Bonne Terre, Mo.

*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: Bonne Terre Cemetery ~~Bonham Und. Co~~ Catholic

DATE OF BURIAL: 11/2 1932

20. UNDERTAKER: Bonham Und. Co

ADDRESS: Bonne Terre, Mo

Florissant