

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

Do not use this space.

OCT 11 1934

34461

**1. PLACE OF DEATH**

County..... Registration District No. **1003**  
 Township..... Primary Registration District No.  
 City St. Louis (No. Jewish Hosp)

File No.....  
 Registered No. **9265** St. Ward)

**2. FULL NAME**

(a) Residence, No. MR St. Ward. Shipman Bldg  
 (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 M 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 Mary Cangan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-25-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 10 24

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

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. 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodson, Mo.

13. NAME Michael Carrigan

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

15. MAIDEN NAME Julia Sullivan

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

17. INFORMANT (ADDRESS) Ambrose Carrigan Shipman Bldg

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Murrayville Mo. Sept. 21, 34

19. UNDERTAKER (ADDRESS) Albert J. Dapp Inc

20. FILED SEP 20 1934 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1934 to Sept. 18 1934

I last saw him alive on Sept. 18 1934 Death is said

to have occurred on the date stated above, at 12 P. m.

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

Carcinoma of lip (lower)  
Carcinoma of cheek (Rt) and cervical lymph nodes Rt + Lt - metastatic from lip  
 Other contributory causes of importance:

Carcinoma of cheek (Rt) and cervical lymph nodes Rt + Lt - metastatic from lip

Name of operation. Excised lip for ca of lip Date of 9/18/34

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?..... 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.....

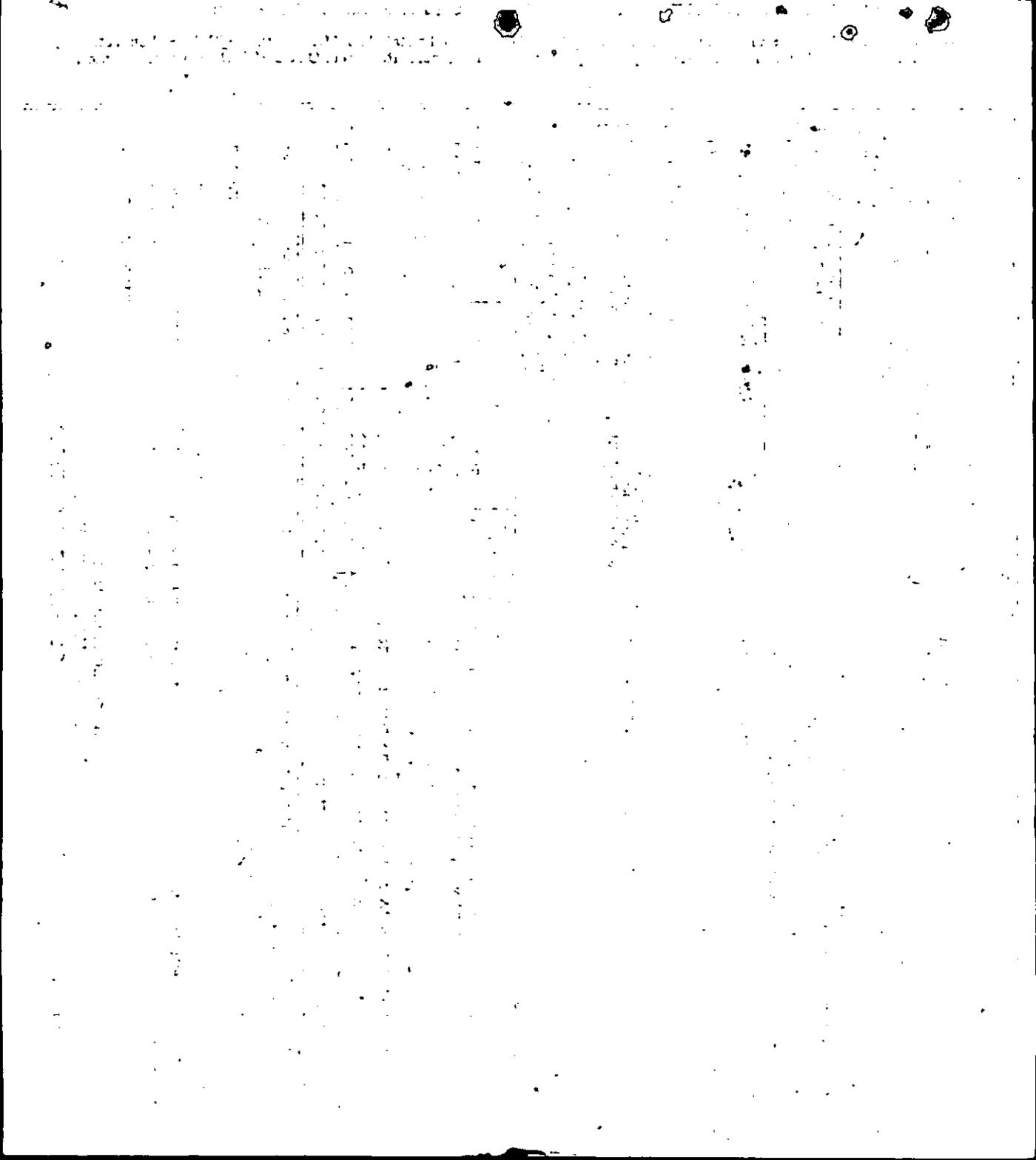
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. J. Stamm M. D.

(Address) 400 Metropolitan Bldg.

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.



9265

St Louis City

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Michael Carrigan
Who died at: Jewish Hosp
Residence: No. St. Sept 18 - 1934
(If nonresident, city or town)

Length of residence in city or town where death occurred:
Sex: M Color or race: W Single, married, widowed or divorced:

Date of birth: Age: Years 56 Months 10 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation:
Birthplace (State or country):
Birthplace of father (State or country):
Birthplace of mother (State or country):
Principal cause of death: Carcinoma of lower lip; Primary

Other contributory causes of importance:
Name of operation:
Date of:
What test confirmed diagnosis?
Was there an autopsy?
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:
Was disease or injury in any way related to occupation of deceased?
If so, specify:
Name of physician: W. J. Hamm
Address of physician: 400 Metro Bldg.

Signature of Registrar: J. F. Bedeck Date filed: Oct 29 - 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours, E. T. McLaugh
State Registrar

Reg. Dist. No.
Primary Reg. Dist. Nol

Special Agent.