

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

Do not use this space.

NOV 13 1934

791

37358

1. PLACE OF DEATH

County.....

Registration District No. 1073

Township.....

Primary Registration District No. 1073

City St. Louis (No. City)

St. Wash. Ward

File No.....

Registered No. 9770

2. FULL NAME

(a) Residence, No. 4039 Oliver St. 19 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9 - 1886

7. AGE YEARS 48 MONTHS 0 DAYS 28 If LESS than 1 day, hrs. or min.

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

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) Ireland

13. NAME John Mcwaney

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

15. MAIDEN NAME Bridget Maloney

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

17. INFORMANT (ADDRESS) Wasp City Wash.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct. 6 1934

19. UNDERTAKER (ADDRESS) Chas. J. Stuart

20. FILED 1225 Wagon Blvd.

6 1934 J. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1934, to 10-4, 1934.

I last saw him alive on 10-4, 1934. Death is said to have occurred on the date stated above, at 7:25 pm.

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

Progressive Muscular Atrophy
Cause unknown

Other contributory causes of importance: Bronchial Pneumonia

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?..... 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. L. Harris, M. D.

(Address) City Wash.

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.

