

DEC 13 1934

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

Do not use this space.

40966

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 005
City St. Louis (No. 5947 Pershing Ave.)

File No.
Registered No. 10910
St. Ward)

2. FULL NAME Julia Morriss Furey

(a) Residence, No. 5947 Pershing Ave. St. 5 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND/EX
(OR) WIFE OF Michael E Furey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4th. 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 Yrs. 4 Mo. 10 Day

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) St. Louis
(STATE OR COUNTRY) Mo.13. NAME Michael Morriss14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)15. MAIDEN NAME Hanora Egan16. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)17. INFORMANT Al G. Furey
(ADDRESS) 5947 Pershing Ave18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE Nov 16th 193419. UNDERTAKER Harrigan & Sheahan Und Co
(ADDRESS) 4415 Washington Blvd20. FILED 15 1934, 19 J. W. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1934 to Nov 14 1934
I last saw him alive on Nov 12 1934. Death is said to have occurred on the date stated above, at 12:50 A.M.
The principal cause of death and related causes of importance were as follows:

Inanition -

Date of onset

Other contributory causes of importance:

Carcinoma of BlmchName of operation none 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? no

If so, specify

(Signed) J. W. Bredeck, M. D.(Address) University Clot 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.

