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.

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

Do not use this space.

MAR 2 1935

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 2773
Township Central — Primary Registration District No. 6033 — Registered No. 20
City Normandy (No. Mother of Good Counsel Home St. ..... Ward)

2. FULL NAME Mary Corigan
(a) Residence, No. Normandy, Mo. 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20th 1868

7. AGE: YEARS 66 — MONTHS 3 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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

FATHER
13. NAME: James Corrigan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Catherine Harty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): J. Bresanhan, 6403c Clemens Ave.,

18. BURIAL, CREMATION, OR REMOVAL: Calvary Cem. DATE Jan. 25, 1935

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1725 Hodiamont Ave.

20. FILED 1/24 1935 H A Baehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/23/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3rd, 1935 to Jan. 23rd, 1935
I last saw her alive on 1/21, 1935. Death is said to have occurred on the date stated above, at 6;30AM
The principal cause of death and related causes of importance were as follows:

Chr. myocarditis, chr. endocarditis, arterio sclerosis. Brights disease. Inmate at Home of Incurables. since 1/3/1935

Date of onset

Other contributory causes of importance:
Myocardial insufficiency, cardiac asthma. Angina pectoris Anasarca This all above existed for some time prior to entry into Institution.

Name of operation: cil. and lab — Date of ..... ?
What test confirmed diagnosis? ..... Was there an autopsy? no

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) Luke B Turner, M. D. 1/23/35
(Address) 3718 Jenning Rd.