

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.

APR 11 1936

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

Do not use this space.

791

8621

1. PLACE OF DEATH

County.....

Registration District No.....

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

2330

City.....

(No. 2542 University

St.....

Ward)

2. FULL NAME

Timothy Callahan

(a) Residence, No. 2542 University St., 20 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.

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*) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 4, 1854*

7. AGE YEARS *81* MONTHS *11* DAYS *24* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Common Laborer*

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 *Not known*

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

15. MAIDEN NAME *Mary Mahoney*

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

17. INFORMANT (ADDRESS) *Mrs. John Drury St. 2542 University*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *Mar. 3, 1936*

19. UNDERTAKER (ADDRESS) *Goodhart & Goodhart 2229 Locust Ave*

20. FILED MAR 2 1936 *J. F. Brebeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 28, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 25* to *Feb 28*, 1936

I last saw him alive on *Feb 28*, 1936. Death is said

to have occurred on the date stated above, at *10:00 a.m.*

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

Carcinoma Tongue Date of onset

Other contributory causes of importance: *Senility*

Name 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?

If so, specify.....

(Signed) *A. H. Seweryn*, M. D.

(Address) *2249 Belmont Ave*

