DEC 4 1936

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

DEC 4 1936

Do not use this space.

38121

1. PLACE OF DEATH

County Jefferson — Registration District No. 475 — File No. 11

Township Meramec — Primary Registration District No. 5580 — Registered No. 15

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Thomas Cloonan

(a) Residence. No. St. Joseph Hills Inf. St., ... 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: Male

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) 29 Sep 1854

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	0	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County, Ill

PARENTS

10. NAME OF FATHER: Patrick Cloonan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Mary Donnelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: J. H. Payne
(Address) 3224 Lafayette

15. FILED 10/21, 1936 Jaures A Townsend REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1936

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1936, 19.., to Oct 18, 1936 that I last saw him alive on Oct 18, 1936, and that death occurred, on the date stated above, at 1:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

108

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jesse S. Sargent, M. D

10/21, 1936 (Address) Eureka, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: De Soto, Mo.

DATE OF BURIAL: Oct. 23 1936

20. UNDERTAKER: Putz Bros. Lafayette & Longfellow

ADDRESS

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.