

JAN 10 1937

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

Do not use this space.

46980

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township _____ Primary Registration District No. 2.008
City St. Louis (No. De Paul Hospital) St. _____ Ward _____

File No. _____
Registered No. 12803
St. _____ Ward _____

2. FULL NAME

(a) Residence, St. N.R. Ward. Perryville, Mo.
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
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) Perryville Mo.
13. NAME Patrick Monaghan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Bridget Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Thomas Monaghan Perryville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hubert's DATE Dec 12, 1936

19. UNDERTAKER (ADDRESS) Bay Wind Co. Perryville Mo.
20. FILE DEC 29 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 - 1936
22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1936, to 12-18, 1936
I last saw him alive on Dec 17, 1936 Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum Date of onset 1935
Other contributory causes of importance: Hypertension
Terminal Broncho-pneumonia
Colostomy Date of 10-22-36
Name of operation _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) J. W. Thompson M. D.
(Address) 405 Lister side

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.

