JAN 10 1937

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

Do not use this space.

47078

File No.

Registered No. 12908

Registration District No. 1003

Primary Registration District No.

791

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1227 N. Taylor Ave. St. Ward)

2. FULL NAME Catherine DeLaney

(a) Residence, No. 1227 N. Taylor Ave. St., 12 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1865

7. AGE: YEARS 71 MONTHS 1 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 Richard DeLaney

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

MOTHER

15. MAIDEN NAME Hanorah Carroll

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

17. INFORMANT (ADDRESS) Mr. Richard DeLaney 5634 Hodiamont Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Jan. 2, 1937

19. UNDERTAKER (ADDRESS) CULLINANE BROS. 1710 N GRAND BLVD.

20. FILED DEC 31 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 - 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th, 1936 to Dec 31/36, 1936

I last saw her alive on Dec 30th, 1936. Death is said to have occurred on the date stated above, at 1 m.

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

Broncho Pneumonia — Date of onset Dec 24/36

Other contributory causes of importance: 107 N

Name of operation — Date of

What test confirmed diagnosis? Physical 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? No

If so, specify

(Signed) E. B. Kinder, M. D.

(Address) 1422 N. Taylor Ave

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.

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