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.

FEB 8 1937 791

File No. 4262

Registered No. 1323

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5704 Michigan St. ..... Ward)

2. FULL NAME James Duggan

(a) Residence, No. 5704 Michigan St., 15 Ward. 1
(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) 7-26-1888

7. AGE: Years 48 ~~50~~ Months 6 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. none 2

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) St. Louis, Mo. 1

FATHER

13. NAME John Duggan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts 2

MOTHER

15. MAIDEN NAME Margaret Casey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT James G. Duggan
(ADDRESS) 5704 Michigan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 1-30, 1937

19. UNDERTAKER Southern Und. Co.
(ADDRESS) 6377 S. Broadway

20. FILED JAN 29 1937 J. J. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1937, to Jan. 27, 1937, I last saw him alive on Jan. 27, 1937. Death is said to have occurred on the date stated above, at 9 a.m. p.m.

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

| | Date of onset |
|---|---|
| Acute Bronchitis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Frank G. Schwary, M. D.

(Address) 5500 Virginia Ave.

Reference
5530 Va