

APR 27 1937

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

Do not use this space. 0

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170File No. 13674Township JeffersonPrimary Registration District No. 6248-H.e.Registered No. 81City Richmond Hgts.(No. St. Marys Hosp)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 8227 Madison St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White Married

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

Anna L Cooney

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

Mar 27 1876

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 day, _____ hrs. or _____ min.

591123

OCCUPATION

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

Salesman

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

Shapley Brothers Co

10. Date deceased last worked at this occupation (month and year)

Mar 19 3711. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New Haven Mo.

13. NAME

Cooney

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

Ireland

15. MAIDEN NAME

Don't Know

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

Ireland

17. INFORMANT (ADDRESS)

Thomas Cooney East St. Louis Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Haven Mo. DATE Mar 23 1937

19. UNDERTAKER (ADDRESS)

Al C. Ottmann Overland Mo

20. FILED

March 21, 1937. Sam A. Bassett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 193722. I HEREBY CERTIFY, That I attended deceased from March 12 1937, to March 20 1937.I last saw him alive on March 20 1937. Death is saidto have occurred on the date stated above, at 3:20 P.m.

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

Ulcer, duodenal perforated 3/23/37

Other contributory causes of importance:

Gastritis, acute general 3/12/37Pneumonia, lobar Post-operative 3/17/37Name of operation Lapostomy Date of 3/12/37What test confirmed diagnosis X-ray, etc. 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) John O. Coull, M. D.(Address) 10300 Leffland Rd. Overland, Mo.

