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

Do not use this space.

4713

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Raw — Primary Registration District No. 1002
City Kansas City (No. St. Josephs Hosp St. Ward)

File No.
Registered No. 504

2. FULL NAME Mrs Odette Kerrigan
(a) Residence. No. 211 East 46th 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: Fe
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 1 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
31		5	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At 1 home
(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): Mo

PARENTS
10. NAME OF FATHER: Alexander Harness
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Virginia Brady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ken

14. INFORMANT (Address): James Kerrigan 211 East 46th

15. FILED 3/4, 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1927, to Feby 4, 1927, that I last saw h. ... alive on Feby 3, 1927, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Streptococcic Septicemia
10981 115A 36
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Streptococcic sore throat
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Lab —
(Signed) Sharon L. Jones, M. D
3/4, 1927 (Address) 602 Boyle —

*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: Mt Washington — DATE OF BURIAL: 2/7 1928

20. UNDERTAKER: Quirk & Dodin — ADDRESS: Lin & Main

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.

THIS IS A PERMANENT RECORD