

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

Do not use this space.

33759

Samuel Voegelin
Office 604 Commerce Bldg
Office Hours 9-5
1. Vic 4175 Park Hoop

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.

Registration District No. 100
Primary Registration District No. 002
File No. _____
Registered No. 4529
City Kansas City (No. 125 North Quincy) St. _____ Ward _____

2. FULL NAME Mrs. Catherine Shea
(a) Residence No. 125 North Quincy St. 10 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	6	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At 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) Illinois

10. NAME OF FATHER Patrick Flaherty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT John Shea (Address) 125 North Quincy

15. FILED 11/28/27 1927 M. M. Ch... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1927 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 18 1927 to Nov 27 1927 that I last saw her alive on Nov 27 1927 and that death occurred, on the date stated above, at 5:45 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
93c
127B

CONTRIBUTORY (SECONDARY) Chronic cholecystitis
(duration) 2 yrs. 6 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED At Home
IS NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
Nov (Signed) Samuel Voegelin
28 1927 (Address) 604 Commerce Bldg

*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 St. Mary's Cemetery DATE OF BURIAL 11/29/27

20. UNDERTAKER Quirk & Tobin ADDRESS 20 West Linwood

