

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

Do not use this space. **429**

**1. PLACE OF DEATH**

County Carroll Registration District No. 135 File No. \_\_\_\_\_  
 Township Carroll Primary Registration District No. 30.10 Registered No. 13  
 City Carrollton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Katherine Des Marais**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Las Vegas 21.00  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. \_\_\_\_\_ da. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1928

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

17. I HEREBY CERTIFY, That I attended deceased from about Dec 25, 1927, to Jan 28, 1928, that I last saw h. or w. alive on Dec 25, 1927, and that death occurred, on the date stated above, at 11:55 pm 1928 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-26-1868

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 59 7 28

Malnutrition of Cord & Base of Lung (left) following 38 double breast operation  
 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) 47  
 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Dublin  
 (STATE OR COUNTRY) Ireland

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

10. NAME OF FATHER Mr. Fingans

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF about Feb 1927  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

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

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) H. W. Hill, M. D.  
 , 19 (Address) Carrollton Mo

12. MAIDEN NAME OF MOTHER Margaret Donnelly

14. INFORMANT Mrs. F. L. Muehlebach  
 (Address) Independence Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Las Vegas New Mex. DATE OF BURIAL 1-31-28

15. FILED 1-28 28 Ms EE Farnham  
 REGISTRAR

20. UNDERTAKER Standley Funeral Home ADDRESS Carrollton 2790

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

