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

Do not use this space.

16187

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

File No.

Registered No. 576

2. FULL NAME Mary A Curtin

(a) Residence. No. 2137 South 10 Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March. 25, 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	1	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Household

(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): County Cavan, Ireland

PARENTS

10. NAME OF FATHER: Luke Reilly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): County Cavan, Ireland

12. MAIDEN NAME OF MOTHER: Rose Monahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): County Cavan, Ireland

14. INFORMANT: John Curtin.
(Address) 2137 South 10th Street

15. FILED MAY 7 1928 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May. 6th 1928.

17. I HEREBY CERTIFY That I attended deceased from May 30, 1928 to May 6, 1928 that I last saw her alive on May 6, 1928 and that death occurred, on the date stated above, at 6/40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of breast

47 55

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY): General carcinoma

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes. DATE OF April 18 28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible], M. D

May. 7, 1928 (Address) St. Joseph Mo.

*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: Mount Olivet Cemetery — DATE OF BURIAL: May. 8. 1928.

20. UNDERTAKER: H. O. Sidenfaden — ADDRESS: 1802 Union Str

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.