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

Do not use this space.

30702

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 100 — Registered No. 3953

City Kansas City (No. 6135 Prospect Ave. St. Ward)

2. FULL NAME Miss Kate T Mulvihill

(a) Residence. No. 6135 Prospect St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	68	2	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chief 463 1180

(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) Missouri

PARENTS

10. NAME OF FATHER John Mulvihill

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

12. MAIDEN NAME OF MOTHER Catherine Sheehan

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

14. INFORMANT John E Mulvihill
(Address) 6135 Prospect Ave

15. FILED 9/28, 1928 M. M. Crowe Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1928, to Sept 26, 1928 that I last saw her alive on Sept 26, 1928, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric hemorrhages & Starvation

[signature] (duration) X yrs. X mos. 5 ds.

CONTRIBUTORY (SECONDARY) Gastric carcinoma not known (duration) yrs. mos. 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? X-ray. Gastric analysis

(Signed) Glen H. Broyles, M. D

9/27, 1928 (Address) 31st & Prospect

*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: 9/29/28

20. UNDERTAKER: QUIRK & TOBIN CO--20 W Linwood — ADDRESS

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.