

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

Do not use this space.

33832

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 15
 City Kansas City, Mo. (No. 53rd & Highland Ave.) St. _____ Ward _____

File No. _____
 Registered No. 4374
 St. _____ Ward _____

2. FULL NAME

Evelyn M. C. Gethigan
 (a) Residence. No. 53rd & Highland St. 15 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred None for the aged yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>43</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Virginia
 (STATE OR COUNTRY)

10. NAME OF FATHER Michael M. Gethigan

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

12. MAIDEN NAME OF MOTHER Margaret Reilly

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

14. INFORMANT Sr. Marie Auguste, prop. Little Sisters of the Poor
 (Address) 53rd & Highland Ave.

15. FILED 11-27-28 M. M. Croce REGISTRAR
was it

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 24 1928

17. I HEREBY CERTIFY, That I attended deceased from June, 1928, to 10 - 27, 1928
 that I last saw h. alive on 10 - 25, 1928, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis
131
Several (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 129a (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 8
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? P. E.
 (Signed) A. Jack-Roult, M. D.

10/29/28 (Address) 1034 Apple Blvd

*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. Joseph Mo DATE OF BURIAL 10/29/28 1928

20. UNDERTAKER 2400 and Pacific 20th 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

