JUN 24 1929

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 17281

Township — Primary Registration District No. 1001 — Registered No. 579

City St Joseph (No. ..... St. ..... Ward)

2. FULL NAME Catherine Thomas

(a) Residence. No. 1619 So 19th St., ... Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C M Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 30-1887

7. AGE: 41 — YEARS: ~~[illegible]~~ — MONTHS: 11 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): England

PARENTS
10. NAME OF FATHER: Michel O'Grady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: C M Thomas (Address) 1619 So 19th

15. FILED MAY 6 1929. 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1929, to May 4, 1929 that I last saw her alive on May 3, 1929, and that death occurred, on the date stated above, at 1:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Aortic Regurgitation

90A (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute Rheumatic Fever (duration) yrs. mos. 9 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? Clinical

(Signed) Gustav A Lau, M.D.

5/4, 1929 (Address) Kirkpatrick 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: Mt Olivet — DATE OF BURIAL: 5/6 1929

20. UNDERTAKER: J L Hingley — ADDRESS: 21 6 So 10th

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.

By _____ By _____