

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

Do not use this space.

40544

1. PLACE OF DEATH

County Jackson
Township Third
City Kansas City, Mo. (No. 59 & Highland Ave.)

Registration District No. 399
Primary Registration District No. 1002

File No. 1030
Registered No. 1030 St. _____ Ward)

2. FULL NAME

(a) Residence. No. Little Sisters of the Poor 15th 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1st 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 20th 1929, to Dec 1st 1929 that I last saw h. a alive on Nov 30th 1929 and that death occurred, on the date stated above; at 6 a m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Hepatitis
131
97

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

(duration) yrs. 3 mos. _____ ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) yrs. _____ mos. _____ ds.

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) Waitress
(c) Name of employer

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH

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

DID AN OPERATION PRECEDE DEATH. DATE OF _____
WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER John Monoran

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Paul J. O'Rourke M. D.

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

(Address) 336 Rathbun
12/1/29

12. MAIDEN NAME OF MOTHER Margaret O'Brien

*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.

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

14. INFORMANT (Address) Little Sisters of the Poor
59 & Highland Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hoge Barker Kansas DATE OF BURIAL Dec 3 1929

15. FILED 7 2 29 M. M. Brace REGISTRAR

20. UNDERTAKER Daniel Bur ADDRESS 644 Kansas Ave
H. C. Kansas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

24
7
15

