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.

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

Do not use this space.

4952

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. — Registered No. 5104
City of Kansas City — (No. 6 St. Luke's Hospital St. Ward)

2. FULL NAME Catherine T. Gibbons
(a) Residence. No. 107 Ward Parkway St. Ward 7
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

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

7. AGE: About 50 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Albany New York

PARENTS
10. NAME OF FATHER: John Farrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Miss O'Hara
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): James T. Gibbons 107 Ward Parkway

15. FILED 2/9 1930 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from 1928, 19.., to Feb. 8, 1930 that I last saw her alive on Feb. 8, 1930, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Stenosis
(duration) 15 yrs. ? mos. ds.

CONTRIBUTORY (SECONDARY): Congestive Failure
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF no
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? none.

2/9 (Signed) P. J. Bohan, M. D.
2/9, 1930 (Address) Geo. W. Parson 906 Fred. Ave. 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: Boston, Mass — DATE OF BURIAL: 2/9/1930

20. UNDERTAKER: F. Donnell Co — ADDRESS: 3256 Broadway

RV Porter