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.

22766

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Raw — Primary Registration District No. 2002 — Registered No. 2156
City Kansas City (No. 5330 Troost St. Ward)

2. FULL NAME Mrs Catherine French McCartney
(a) Residence. No. 5330 Troost St., 6 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	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt James McCartney died aug 1913

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 3 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	5	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) mother
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Wm Hugh French
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Elizabeth Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Jno. Jos. McCartney (Address) 5330 Troost

15. FILED 7/5 1930 M M Crowe asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH Friday

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1930

17. I HEREBY CERTIFY, That I attended deceased from June 29, 1930, to July 4, 1930, that I last saw her alive on July 4, 1930, and that death occurred, on the date stated above, at 11.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Decompensation
131
95B
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Ker Rome
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Arthur Oglivie, M. D.
7/4/30 19 (Address) 810 Rialto Bldg Kansas

*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	DATE OF BURIAL
Mt Washington	July 7, 1930

20. UNDERTAKER	ADDRESS
Eylar Funeral Home	1800 Linwood