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.

OCT 22 1931

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. 93 — File No.

Township — Primary Registration District No. 1001 — Registered No. 934

City St. Joseph, (No. St. Joseph's Hospital, St. 30571 Ward)

2. FULL NAME Rose Elizabeth McCabe,

(a) Residence, No. # 18 Summit Place, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 5 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): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1872 unknown

7. AGE: Years 59 — Months 5 — Days Unknown — If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 95B
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home, 94B
10. Date deceased last worked at this occupation (month and year) September 1931 — 11. Total time (years) spent in this occupation 40 127B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER

13. NAME Michael J. McCabe,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Monaghan, Ireland,

MOTHER

15. MAIDEN NAME Elizabeth Walsh,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Limerick, Ireland,

17. INFORMANT (ADDRESS) Frank E. O'Donoghue 514 South 12th. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE Sept. 11, 1931

19. UNDERTAKER (ADDRESS) Heaton-Bergole & Bowman 319 S. 10th. St. Funeral Home

20. FILED 9-10, 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1931, to 9-9, 1931

I last saw her alive on Sep 9, 1931. Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis with hypertension
Cardiac hypertrophy
Myocardial insufficiency
Coronary obstruction
Pulmonary oedema

Date of onset

Other contributory causes of importance:
Cholecystitis

95B

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John J. Byrne, M. D.
(Address) St. Joseph Mo