

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

Do not use this space.

31376

3873

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. St. Marys' Hospital) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Mrs. Catherine Reidy

(a) Residence, No. 4200 Tracy St., 13 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 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 Martin W. Reidy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Frank Burns

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

15. MAIDEN NAME Mary Cannon

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

17. INFORMANT (ADDRESS) Martin W. Reidy 4200 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary DATE (9/21/31)

19. UNDERTAKER (ADDRESS) Quirk & Habish

20. FILED 9/19 1931 M. M. Crank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1931

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Sept 19, 1931.
 I last saw her alive on Sept 18, 1931. Death is said to have occurred on the date stated above, at 2:15 A M.
 The principal cause of death and related causes of importance were as follows:

Myocardial Fibrosis & atherosclerosis Fibrosclerosis
126 1278 930
 Other contributory causes of importance:
Cholelithiasis
Cholecystectomy
Acute infectious gall bladder
Peptic ulcer
Cholelithiasis

Name of operation Cholecystectomy Date Sept 17-31
 What test confirmed diagnosis? Operation Was there an autopsy? Yes

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) P. M. Miller, M. D.
 (Address) Kansas City MO

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.

