

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

Do not use this space.

**31448**

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1007

City Kansas City

(No. 2913 Wabash)

File No. 354C

Registered No. 354C

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME** Miss Catherine McKinney

(a) Residence, No. 2913 Wabash

St. 11

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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)**

Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF  
(OR) WIFE OF

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Dec. 4th, 1867

**7. AGE**

YEARS

63

MONTHS

9

DAYS

20 21

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

OCCUPATION

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)

Missouri

FATHER

**13. NAME**

Michael McKinney

**14. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Ireland

MOTHER

**15. MAIDEN NAME**

Mary Hanavan

**16. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

N. Y.

**17. INFORMANT**

(ADDRESS)

Mrs. Elizabeth Kuhn

2913 Wabash

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Carrollton Mo.

DATE Sept. 25th, 1931

**19. UNDERTAKER**

(ADDRESS)

W. F. Mayberry

City

**20. FILED**

9-25-1931

M. M. Browne

Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept. 25th, 1931

**22. I HEREBY CERTIFY, That, I attended deceased from**

May, 1931, to Sept 25, 1931

I last saw him alive on Sept 22, 1931. Death is said

to have occurred on the date stated above, at 2 AM.

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

Carcinoma of uterus

Date of onset 1929

Other contributory causes of importance: 48 48

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 C. Ormick, M. D.

(Address) 2602 East 15th Kansas City Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

