

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

Do not use this space.

1033

1. PLACE OF DEATH

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

File No. _____

Registered No. _____

2. FULL NAME Sister John Berchmans

(a) Residence, No. St. Louis Mo. St. X 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15th, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>62</u>	<u>4</u>	<u>23</u>		

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Catholic Nun
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 214
 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) Ill.

FATHER 13. NAME Patrick Rochford

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

MOTHER 15. MAIDEN NAME Mary Burke

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

17. INFORMANT Mrs. P. F. Sullivan (ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery DATE 1/11.32

19. UNDERTAKER T. F. Mayberry (ADDRESS) City

20. FILED 1/9 1932 M. M. Crawley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8th. 19 32

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932, to Jan 8, 1932

I last saw him alive on Jan 8, 1932. Death is said to have occurred on the date stated above, at 2.25 Pm.

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

Acute myocarditis
294 294
93A 294
 Other contributory causes of importance:
Tuberculosis of lungs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? Yes

If so, specify _____

(Signed) A. C. [Signature], M. D.

(Address) 122 St. Paul St. [Address]

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