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.

File No. 8367

Registered No. 942

1. PLACE OF DEATH

County Jackson — Registration District No. 309

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. St Josephs Hosp. St. Ward)

2. FULL NAME Mrs Sadie McAnany Casey

(a) Residence, No. 2709 Benton Blvd St., // 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 Edward Casey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
41	9	2	

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) Kansas City Mo. 1

FATHER

13. NAME Thomas F McAnany

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

MOTHER

15. MAIDEN NAME Nellie Barrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs Mark Thomas 2709 Benton Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 3-8-32 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Linwood & Main

20. FILED 3/7 1932 H. M. Grove Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5-32 19

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932, to Mar. 5, 1932

I last saw her alive on March 5, 1932. Death is said to have occurred on the date stated above, at 7-00 m.

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

	Date of onset
Ruptured Ovarian abscess 139.B	unknown
139 B 128 D	

Other contributory causes of importance: General peritonitis

Name of operation Drainage Date of March 5

What test confirmed diagnosis? / Was there an autopsy?

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?

If so, specify

(Signed) John O. Shumer, M. D.

(Address) 336 Latrop Bldg.