

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

Do not use this space.

8584

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3546 Flora)

Registration District No. 233
Primary Registration District No. 1002

File No. 1168
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Eva Becker Kerrigan

(a) Residence, No. 3546 Flora 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. B. Kerrigan</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 13 1902</u> | | |
| 7. AGE YEARS <u>30</u> | MONTHS <u>1</u> | DAYS <u>7</u> |
| If LESS than 1 day, hrs. or min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home 235</u> | |
| | 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

13. NAME Chris Becker

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

15. MAIDEN NAME Eva Merrill

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

17. INFORMANT J. B. Kerrigan
(ADDRESS) 3546 Flora

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest DATE 3/22/32

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 W Linwood

20. FILED 3/21 1932 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1927, to Mar 20th, 1932
I last saw him alive on Mar 19th, 1932 Death is said to have occurred on the date stated above, at 3:45 pm.

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

Pulmonary Tuberculosis (1927)
23A
Other contributory causes of importance: 13

Name of operation _____ Date of _____
What test confirmed diagnosis Sputum + X-Ray 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 Chew to bushinger, M. D.
(Signed) _____ (Address) 1500 Professional Bldg

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.

