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

Do not use this space.

16981

File No. 78

Registered No. 78

1. PLACE OF DEATH

78 County Tippecanoe — Registration District No. 60'1

2 Township ~~Little Creek~~ — Primary Registration District No. 4388

4 City Canterbury No (No. 1 St. Ward)

2. FULL NAME Catherine Margaret Ahearn

(a) Residence, No. (Usual place of abode) St., Ward. (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	widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND ~~OF~~ (OR) WIFE OF James F. Ahearn Sr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	10	16	

OCCUPATION

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

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) Louisville Kentucky

FATHER

13. NAME John Cassidy

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

MOTHER

15. MAIDEN NAME Margaret Holland

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

17. INFORMANT (ADDRESS) Bob Wilkes Canterbury No

18. BURIAL, CREMATION, OR REMOVAL

PLACE Little Grave Cemetery DATE May 12 1932

19. UNDERTAKER (ADDRESS) F. L. Lodge Canterbury No

20. FILED June 20 1932 Ida Martin Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932, to May 11, 1932

I last saw h~~er~~ alive on May 11, 1932. Death is said to have occurred on the date stated above, at 6 P.M.

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

	Date of onset
Pernicious Anemia	1 year
71A 91	
Other contributory causes of importance: Arteriosclerosis	20 or 3 years

Name of operation None Date of —

What test confirmed diagnosis? None 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) W. H. Hadgens, M. D.

(Address) Canterbury No

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

JUN 26 1932