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.

29308

1. PLACE OF DEATH

County Jackson — Registration District No. 299 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 3481

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Bridget Sherlock

(a) Residence, No. Home for Aged, 5331 Highland 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 3 2

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) Ireland 15

FATHER

13. NAME Mortom Rivell

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

MOTHER

15. MAIDEN NAME Anne Cribbens

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

17. INFORMANT (ADDRESS) Miss M. Brennan 2611 East 11th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 9-15-32, 19

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

20. FILED 9/14, 1932 M. M. Crowe asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 6th, 1932 to Sept 12th, 1932

I last saw her alive on Sept 12th, 1932 Death is said to have occurred on the date stated above, at 8.45 A.M.

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

	Date of onset
Cerebral hemmorhage	10 days
122 A	
92 A	
97	

Other contributory causes of importance:

Arteriosclerosis	5 yrs

Name of operation Repair of umbilical hernia Date of Sept 13 32

What test confirmed diagnosis? Physical 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) Paul V. Rourke M. D.

(Address) 1402 Bryant Bldg.