

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

Do not use this space.

32523

**1. PLACE OF DEATH**

County Jackson Registration District No. 385  
 Township Kear Primary Registration District No. 1002  
 City Kansas City (No. Kansas City General Hospital St.          Ward         )

File No. 4054  
 Registered No.         

**2. FULL NAME**

(a) Residence, No. 2714 Broadway St.          Ward.           
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-2-1857</u>		
7. AGE <u>75</u>	YEARS <u>8</u>	MONTHS <u>27</u>
DAYS <u>        </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</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.....		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-28-1932 to 10-29-1932

I last saw her alive on 10-29-1932. Death is said to have occurred on the date stated above, at 8:50 P.M.

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

Date of onset         

Other contributory causes of importance:  
        

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

13. NAME Patrick Quinlan

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

15. MAIDEN NAME Katherine Hayes

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

17. INFORMANT Regard Clark  
 (ADDRESS) St. Marys General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 10/31/32

19. UNDERTAKER F. O'Donnell Co  
 (ADDRESS) 3226 Broadway

20. FILED 10/31/32 1932 M. M. Cronin  
         Registrar

Name of operation..... Date of.....

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) J. S. Bennett M. D.  
 (Address) Asst. Supt. Gen. Hosp.

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.

