

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

Do not use this space.

38441

1. PLACE OF DEATH

11 County Buchanan Registration District No. 8 D
Township Marion Primary Registration District No. 5/23
City St. Joseph, Mo. (No. Easton, Missouri)

File No. 17
Registered No. 17
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. Easton, Missouri
(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 <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 <u>Michael Digenan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 28, 1883</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>1</u>
		DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Home</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Caldwell County, Missouri</u>		
13. NAME <u>James Hartigan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Ireland</u>		
15. MAIDEN NAME <u>Ann Ward</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Ireland</u>		
17. INFORMANT <u>J. F. Digenan</u> (ADDRESS) <u>Easton, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Easton, Mo.</u> DATE <u>Dec. 5, 1932</u>		
19. UNDERTAKER <u>Flegman Funeral Home</u> (ADDRESS) <u>Easton, Missouri</u>		
20. FILED <u>1/10</u> 19 <u>32</u> <u>H. F. Bingham</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1- 1932 to Dec 1- 1932
I last saw her alive on Dec 1- 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis
12/13/32
Other contributory causes of importance:
Cholecytosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) G. F. Kimball, M. D.
(Address) Easton, Mo.

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.

JAN 21 1933

