

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

Do not use this space.

1. PLACE OF DEATH
 11 County Buchanan Registration District No. 85
 5 Township Primary Registration District No. 1001
 City St. Joseph (No. 1713 Olive street St. _____ Ward)

2. FULL NAME Katherine Egan
 (a) Residence, No. 1713 Olive street St. _____ Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 15741
 Registered No. 540

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>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Egan</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15, 1864</u> | | |
| 7. AGE YEARS <u>69</u> | MONTHS <u>0</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</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) <u>Doniphan Co., Kansas</u> | | |
| MOTHER FATHER | 13. NAME <u>James Ryan</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u> | |
| | 15. MAIDEN NAME <u>Mary Flynn</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Louisiana</u> | |
| 17. INFORMANT <u>Mrs Nellie M Wright</u> (ADDRESS) <u>1713 Olive st St Joseph Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Mt Olivet Cemetery</u> PLACE <u>St Joseph Mo.</u> DATE <u>May 24 1933</u> | | |
| 19. UNDERTAKER <u>J. C. Tidwelder</u> (ADDRESS) <u>1802 Union st St Joseph Mo.</u> | | |
| 20. FILED <u>John R. Bender</u> MAY 23 1933 Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to May 22, 1933
 I last saw h. or alive on May 21, 1933 Death is said to have occurred on the date stated above, at 2:20 A.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Pancreas
Acutely involving the liver
and common Bile duct
46+
 Other contributory causes of importance: 46+
 Date of onset Dec 1932

Name of operation none Date of _____
 What test confirmed diagnosis? Chemical 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) Godard D. Wright M. D.
 (Address) 845 So 14th St. J. 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.

MAY 20 1933

