

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

Do not use this space.

26554

1. PLACE OF DEATH

County Jackson
Township Kew
City Kansas City

Registration District No. 392
Primary Registration District No. 1002
(No.) Little Sisters of the Poor

File No. _____
Registered No. 3200
St. _____ Ward _____

2. FULL NAME

Anna Mc Ginty
(a) Residence, No. 5300 Highland St. _____ Ward _____

(Usual place of abode) (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 Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Mc Ginty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk 1845
7. AGE YEARS 88 MONTHS - DAYS - IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. S. P. Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) County Donnell (STATE OR COUNTRY) Ireland

13. NAME Ann Mc Gowan

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

15. MAIDEN NAME Winifred Boyle

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

17. INFORMANT (ADDRESS) Little Sisters of the Poor 5300 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Aug 19 33

19. UNDERTAKER (ADDRESS) Quirk & Son Co 20 W. 24th

20. FILED Aug 18 1933 m m Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25 1933 to Aug 17th 33
I last saw him alive on Aug 17th 33. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
1919
1927
Other contributory causes of importance: Asthenia, Dehydration
Date of onset 2 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic 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 W. Anderson, M. D.
(Address) 462 Bryant Bldg

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.

SEP 26 1933

