

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

Do not use this space.

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JAN 26 1934

**1. PLACE OF DEATH**

County Buchanan  
Township St. Joseph,  
City St. Joseph, (No. St. Joseph Hosp.)

Registration District No. 1001  
Primary Registration District No. 1001

File No. 1226  
Registered No. 1226 St.      Ward     

**2. FULL NAME**

Sister Mary of the Cross Geraghty

(a) Residence, No.      St.      Ward       
(Usual place of abode)

Easton, MO.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
63 Unknown Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher in Parochial

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School, Easton, MO.

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

13. NAME Unknown Geraghty

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Rev. D. P. Mulcahy  
(ADDRESS) Easton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Iowa. DATE Dec. 12 19 33  
Mt. Sinclair Cent

19. UNDERTAKER (ADDRESS) H. O. Lidenfaden  
1802 Union Str St. Joseph, MO.

20. FILED 12-11-1933 John H. Bender  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 19 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 19 33 to Dec 10 19 33

I last saw her alive on Dec 10 19 33 Death is said

to have occurred on the date stated above, at 12/10 p.m.

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

Cardiac hemorrhage Date of onset Dec. 10

12/10

Other contributory causes of importance     

    

Name of operation Supperotomy Date of 12/10/33

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? No

If so, specify      (Signed)     , M. D.

(Address)     

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.

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