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 26 1934

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

Do not use this space. 39934

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 392
City Kansas City Mo. (No. Fairmount Station St. Ward)

2. FULL NAME Daisy Ferriter
(a) Residence, No. 10309 - E 9th St St., Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Thomas Ferriter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30, 1880
7. AGE: YEARS 53 — MONTHS 4 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): unknown Minnesota

FATHER
13. NAME: Flouton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown New York

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

17. INFORMANT (ADDRESS): J. T. Ferriter 10309 - E 9th St - K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Dec 9, 1933
19. UNDERTAKER (ADDRESS): Carson Funeral Home Independence Mo
20. FILED Dec. 8, 1933 Dr. F. L. Cook Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 7, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept, 1933, to Dec 7, 1933. I last saw her alive on Dec 7, 1933. Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Valvular Insufficiency.
[illegible]
A

Other contributory causes of importance:
Basilar Apoplexy.

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? .....
If so, specify .....
(Signed) H B Crewton, M. D.
(Address) 2414 Indiana K.C. Mo.

DEC 30 1954