

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.

MAR 24 1934

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

Do not use this space.

4861

1. PLACE OF DEATH

County Jackson Registration District No. 2
Township 1st Primary Registration District No. 2
City Kansas City (No. Assumption Convent)

File No. 4861
Registered No. 583 Ward 13

2. FULL NAME Sister St. Aubin

(a) Residence, No. Assumption Convent 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. 18 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8th. 1868

7. AGE YEARS MONTHS DAYS if LESS than 1 day,hrs. ormin.
65 2 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Catholic nun
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) Liberty
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Hugh McGowan

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

MOTHER
15. MAIDEN NAME Margaret Barry

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

17. INFORMANT Sisters of Assumption Convent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cem. DATE 2/7/34 19

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED 2-6 19 34 m. m. Crowl
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5th 19 34

22. I HEREBY CERTIFY, That I attended deceased from Aug 1931, to Feb 5 1934
I last saw her alive on Feb 19 . Death is said to have occurred on the date stated above, at 6:45 am.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset
94
97
Other contributory causes of importance: Active sclerotic

Name of operation Date of
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) D. C. Griffith M. D.
(Address) 1225 R. H. Bldg.

2004