

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 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 100
(No. St. Josephs Hospital)

File No. 13087
Registered No. 1838
St. _____ Ward _____

2. FULL NAME

Thelma Opal Corrigan

(a) Residence, No. 3930 Thrust Avenue 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 <u>Female</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 9-1897</u>		
7. AGE	YEARS	MONTHS
<u>33</u>	<u>36</u>	<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		DAYS
<u>Sales Lady</u>		<u>14</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		IF LESS than 1 day, hrs. or min.
<u>Ready to wear clothing</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>Apr 1934</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edna Kansas</u>		
13. NAME <u>Frank M. Cain</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Betha Cunningham</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
17. INFORMANT (ADDRESS) <u>Wayne M. Cain</u> <u>Wynona, Kansas RR 5</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathay Cemetery</u> DATE <u>4-26</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Frank J. Sheehan</u> <u>Kansas City, Missouri</u>		
20. FILED <u>Apr 25</u> 19 <u>34</u> M. M. <u>Crowe</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1934 to 4-24 1934
I last saw her alive on 4-24 1934. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Peritonitis 54B
54B 1223
Paralytic ileus

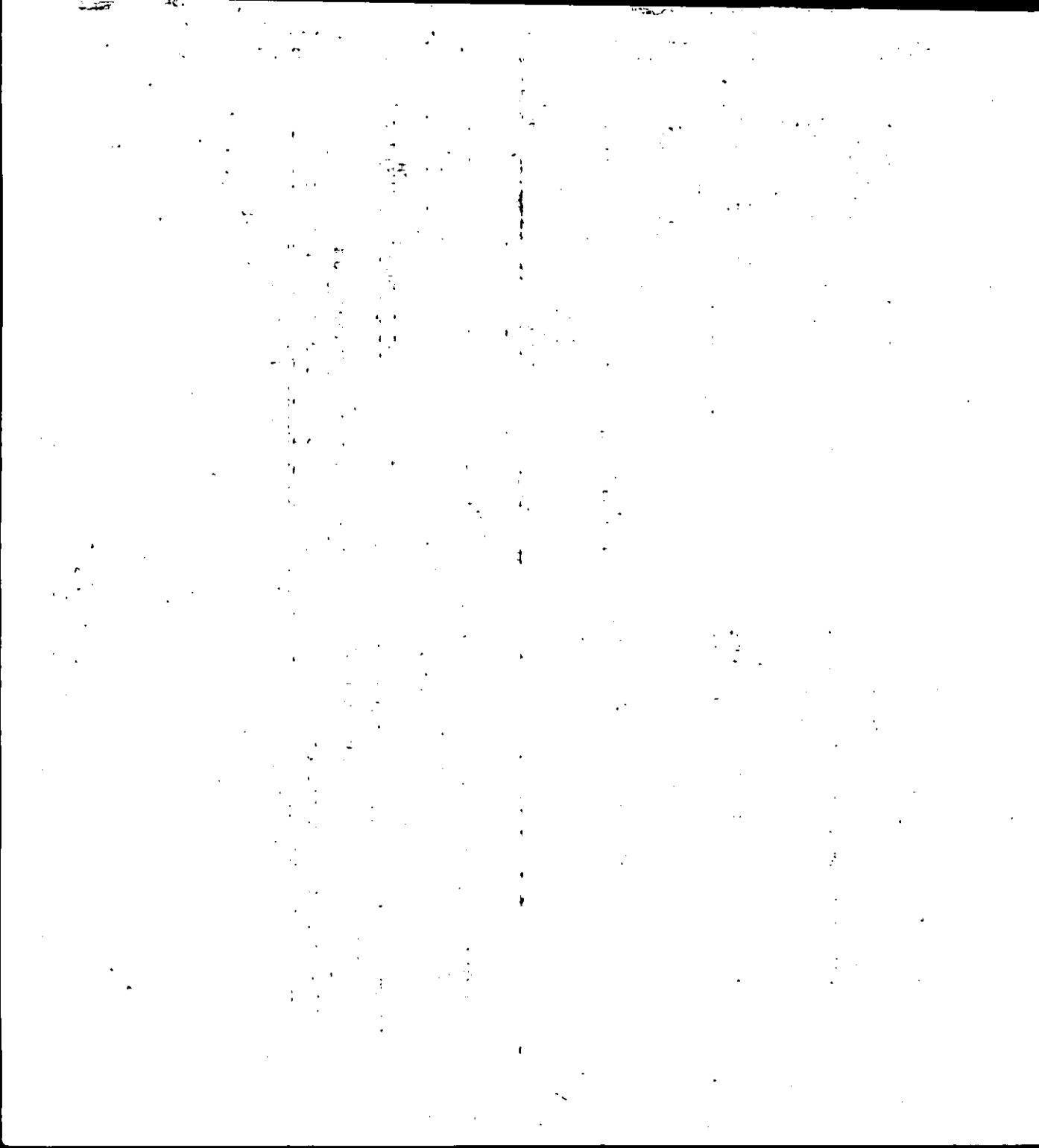
Other contributory causes of importance:
Paralytic ileus

Name of operation Splenectomy Date of 4-19-34
What test confirmed diagnosis? Cult. 3-24-34 Was there an autopsy? Yes

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) W. M. Ketchum, M. D.
(Address) 401 Walden



Kansas City

WASHINGTON

13087

1838

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Thelma Opal Carrigan*
Who died at _____ on *Apr 22 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *36* Months *7* Days *13*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance *Paralytic Pleur*
Name of operation *pleurisy* Date of _____ *4/19 - 34*
What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar *M. M. Corowe* Date filed *4/25/34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McLaugh
State Registrar

Reg. Dist. No.
Primary Reg. Dist. No.

Special Agent.

5-13087

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Dear Doctor:--

I have your communication of November 8th in regard to additional information on Mrs. Thelma Opal Corrigan.

Mrs. Corrigan had a large fibroid tumor. She had been having severe hemorrhages for several months. The operation was a hysterectomy for a fibroid tumor; there was no malignancy. The patient's tissue autolyzed catgut within four days, the wound breaking open and producing generalized peritonitis which proved fatal.

Yours very truly,

A handwritten signature in cursive script, appearing to read "W. Merritt Ketcham". The signature is written in dark ink and is somewhat stylized, with large loops and a long horizontal stroke at the end.

W. MERRITT KETCHAM, M.D.

WMK/s

(52)-13087