

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

Do not use this space.

FEB 26 1935

2007

1. PLACE OF DEATH
 County McDonald Registration District No. 518
 Township Anderson Primary Registration District No. 5688
 City (No. _____) St. _____ Ward _____

2. FULL NAME Catharine Flaherty
 (a) Residence, No. _____ 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. C. Flaherty</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20-1855</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>7</u>	DOAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Peru</u>				
MOTHER / FATHER	13. NAME <u>not</u> <u>Nattsell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>			
	15. MAIDEN NAME <u>not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>			
17. INFORMANT <u>L. C. Robinson</u> (ADDRESS) <u>Anderson Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Anderson Mo</u> DATE <u>Jan 7 1935</u>				
19. UNDERTAKER <u>Geo. Patum Mc C</u> (ADDRESS) <u>Anderson Mo</u>				
20. FILED <u>Jan 6 1935</u> <u>Mrs. Lee Harber</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1935

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Senility
No Physician
 Other contributory causes of importance:
No

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. _____

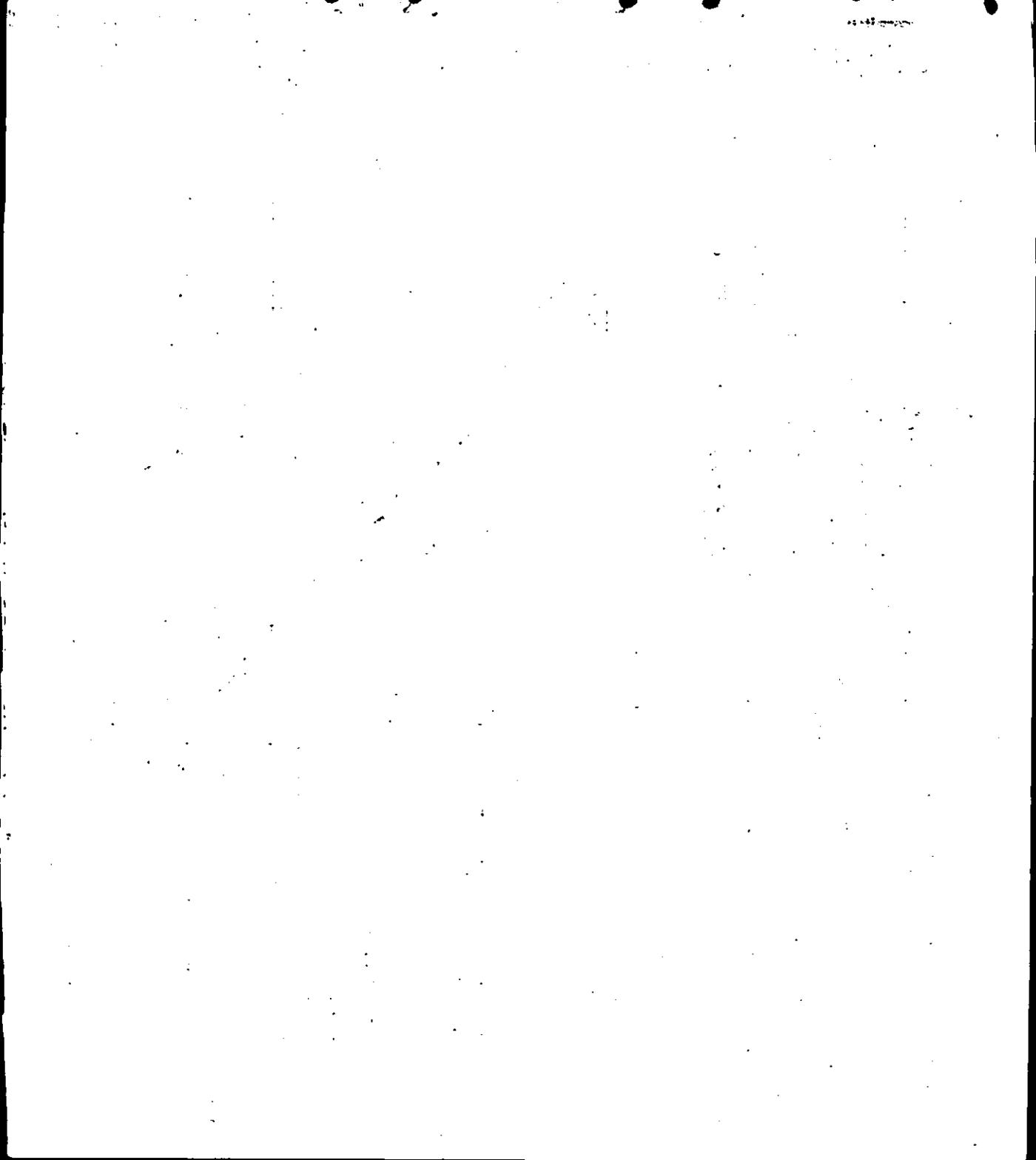
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 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.

66
 5-2-35
 89
 61
 33



APR 1 3 1935

1-10-35