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.

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

Do not use this space.

5378

1. PLACE OF DEATH MAR 20 1935

County Jackson — Registration District No. 399 — File No.

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Sister Mary Mora (McGrath)

(a) Residence, No. St. Joseph Hosp. 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.
4. COLOR OR RACE: Wh.
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) Dec. 1886

7. AGE: 48 YEARS — MONTHS: 2 — DAYS: mk — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY) Ireland

FATHER

13. NAME ------ McGrath
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) Sisters of St. Joseph St. Joseph Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cem. DATE 2/13/34, 19

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

20. FILED 2/12, 1935 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH 1935

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~2/11/34~~, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1934, to 2-10, 1934

I last saw her alive on 2-10, 1934. Death is said to have occurred on the date stated above, at 715A m.

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

Chronic Myocarditis
Diabetes
59

Date of onset

Other contributory causes of importance:

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) [signature], M. D.

(Address) 1230 Rialto Bldg