

APR 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Kansas No.
Township Kansas City
City Little Sisters of the Poor

Registration District No. 399Primary Registration District No. 1002File No. 10820Registered No. 18490

St. _____ Ward _____

2. FULL NAME Catherine Mulvihill(a) Residence, No. 5331 Highland Ave. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown7. AGE YEARS 70 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas Ill.13. NAME Maurice Mulvihill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Catherine Quilter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Sister Camille Sif.
(ADDRESS) 5331 Highland Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE March 21, 193619. UNDERTAKER Zabala & Zabin
(ADDRESS) Laurel & Main20. FILED Mar 19 1936 M. M. Cron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th 193622. I HEREBY CERTIFY, That I attended deceased from 11-14, 1935, to Mar 15, 1936I last saw her alive on Mar 17, 1936 Death is said to have occurred on the date stated above, at 10 p.m.

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

Chronic nephritis Date of onset 2 yrs.

Other contributory causes of importance:

arterio sclerosis 4 yrs.

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) Paul V. O'Rourke, M.D.(Address) 1402 Bryant B.

OCCUPATION

FATHER

MOTHER

Date of onset

Date of onset

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.

