

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

Do not use this space.

JUN 17 1936

19495
2451

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Miss Lucille Fahey

(a) Residence, No. 3908 Wyoming 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 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, YEAR) March 1892

7. AGE YEARS 44 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
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) St. Louis, Mo.

13. NAME John P Fahey

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Catherine Gahan

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Miss Helen Fahey 3908 Wyoming

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE May 18 1936

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED May 16 1936 M.M. Crow, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1936, 19__

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1936, to May 16, 1936

I last saw h. or alive on Apr 15, 1936 Death is said to have occurred on the date stated above, at 4:15 A M

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

Thyrotoxicosis Date of onset about 1921
666

Other contributory causes of importance: Develop- ment of a goitre

Name of operation Thyroidectomy Date of 5-9-36
What test confirmed diagnosis? enlargement Was there an autopsy? no

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) E. G. Blair M. D.
(Address) 700 Professional Bld. K.C. Mo.

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.

FORM 1-20-36 I X704

1298
1892
.4

1933
1892
44