JUL 24 1936

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

Do not use this space.

22826

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2750
City Kansas City (No. 4107 Mercier St. Ward)

2. FULL NAME Mrs. Catherine Carry
(a) Residence, No. 4107 Mercier 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 ~~Male~~ Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1862

7. AGE YEARS 73 MONTHS 11 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Belfast Ireland

FATHER
13. NAME James McConnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Anne McCarry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss Anna M Carry 4107 Mercier

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys' Cem DATE 6/4/36 19

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

20. FILED 6/7 1936 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935, to June 3, 1936
I last saw her alive on June 3, 1936. Death is said to have occurred on the date stated above, at 2:30 A M
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage — Date of onset May 31, 36

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Other contributory causes of importance: nephritis, Chronic interstitial

Name of operation none Date of
What test confirmed diagnosis? Ct & Lab 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) Chas S Kramer M. D.
(Address) 500 Bryant Bldg