

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.

JUL 24 1936

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

Do not use this space

23089
3122

1. PLACE OF DEATH

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

File No. _____

Registered No. _____

2. FULL NAME Mrs. Henrietta E Deady

(a) Residence, No. 511 West 34th St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>John F Deady</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21 1885</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>11</u>	DAY <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation _____
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) _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936, to June 26 1936
I last saw h. or alive on June 26 1936 Death is said

to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic intestinal obstruction June 25 1936
Chronic myocarditis 1930

Other contributory causes of importance: none
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. none

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. G. Hawes M. D.
(Address) 919 Rialto Bldg
Kansas City Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo

13. NAME William J Fetter

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

15. MAIDEN NAME Ann Hilbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT J Joseph Deady Sr
(ADDRESS) 511 West 34th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE June 29 1936

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

20. FILED July 24 36 sumner & and
Registrar.

70
applied to the
carefully
examined

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No.

File No.

Township K.C. 2nd

Primary Registration District No.

Registered No. 3022

City K.C. Mo (No.)

St. Ward)

2. FULL NAME

Mrs Henrietta E Beady

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

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

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

7. AGE

80

11

25

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 6/27 1936 Dr. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 26, 1936

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..... m.

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

Partial interstitial ob-
struction
Ca. of hepatic flexure

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? W.C. 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) W. J. Hawes M. D.
(Address) 1919 Rialto Bldg
K.C. Mo

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.

SUGGESTED BY

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