

AUG 24 1936

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

Do not use this space.

25734

## 1. PLACE OF DEATH

County Jackson CountyRegistration District No. 399Township RayPrimary Registration District No. 1002City Kansas City, Mo.(No. Home for aged 5331 Highland St.) (Ward)

File No.

Registered No. 3405

## 2. FULL NAME

Mary M. Getrick(a) Residence, No. 5331 Highland 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)

Widowed

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

James M. Getrick

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

June 1861

## 7. AGE

75

## YEARS

## 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.

Housekeeper

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)

Ray N.Y.

## FATHER

## 13. NAME

Bartholomew Quigley

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

Ireland

## MOTHER

## 15. MAIDEN NAME

Catherine Cominsky

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

Ireland

## 17. INFORMANT (ADDRESS)

Little Sisters of the Poor 5331 Highland St.

## 18. BURIAL, CREMATION, OR REMOVAL PLACE

Redwood Hills, Mo. July 20, 1936

## 19. UNDERTAKER (ADDRESS)

Levinwood & Main

## 20. FILED

July 20, 1936 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

July 18<sup>th</sup>, 1936

## 22. I HEREBY CERTIFY That I attended deceased from

May 17, 1936, to July 18, 1936I last saw h. alive on July 18<sup>th</sup>, 1936. Death is saidto have occurred on the date stated above, at 9 P.M.

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

Chronic Myocarditis

Date of onset

## Other contributory causes of importance:

Arteriosclerosis

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

What test confirmed diagnosis Physical 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 J. Purke M. D.(Address) 1401 1/2 East 13th

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.

