

SEP 28 1936

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

Do not use this space.

31840

1. PLACE OF DEATH

County Madway
Township Marquette
City Marquette (No.)

Registration District No. 625-
Primary Registration District No. 3031

File No.
Registered No. 98 St. Ward)

2. FULL NAME

Sarah A McGettigan

(a) Residence, No. St. Ward.

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 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) July 11 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 1 13

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) Marquette Mo (STATE OR COUNTRY)

13. NAME Michael Mc Gettigan

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

15. MAIDEN NAME Emma Busch

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

17. INFORMANT Bessie Mc Gettigan (ADDRESS) Marquette

18. BURIAL, CREMATION, OR REMOVAL PLACE St Patrick DATE Aug 26 1936

19. UNDERTAKER Communus Fun Co (ADDRESS)

20. FILED 8-31 1936 Marie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30 1936, to August 24 1936. I last saw her alive on August 24 1936. Death is said to have occurred on the date stated above, at 9:45 P.M.

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

Suppurative Mesenteric Thrombosis - from an old Septic Endocarditis Date of onset

Other contributory causes of importance: Chronic Parenchymatous Nephritis

Name of operation None Date of operation None
What test confirmed diagnosis? Laboratory + Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1936

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Chas. P. Bell, M. D.
(Address) Marquette

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.

