

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

Do not use this space.

FEB 25 1937

1548

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1007
(No. 900 East 41st)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Catherine M. Mahoney

(a) Residence, No. 900 East 41st St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Mahoney

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 78

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) Louisville 2
(STATE OR COUNTRY) Kentucky

13. NAME Edward Reardon

14. BIRTHPLACE (CITY OR TOWN) Ireland 15
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Carr

16. BIRTHPLACE (CITY OR TOWN) Ireland 15
(STATE OR COUNTRY)

17. INFORMANT William J. Mahoney
(ADDRESS) 5534 Crestwood

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Jan. 21, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)

20. FILED Jan 20, 1937 M. McBrown
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1936, to 1-18, 1937

I last saw her alive on 1-18, 1937 Death is said

to have occurred on the date stated above, at 12/25 P.M.
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction secondary to large fibroids of uterus.

Date of onset

Other contributory causes of importance:

Name of operation 0 Date of _____

What test confirmed diagnosis? 0 Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury _____, 19 _____

Where did injury occur? 0 (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) W. J. Mahoney, M. D.

(Address) 800 Argyle

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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UA 9878

Dr. Walter P. Miller

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. St. Ward)

File No. 339
Registered No.....

2. FULL NAME

Mrs. Catherine M. Mahoney
(a) Residence, No. 900 E. 41st 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

MEDICAL CERTIFICATE OF DEATH

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....

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

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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

OCCUPATION
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.....

Date of onset

Intestinal Obstruction secondary to large fibroid of uterus non malignant

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

Other contributory causes of importance:

FATHER
13. NAME

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

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

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER
15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury.....

PLACE..... DATE....., 19.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED 1/20, 1937 *M. M. Brown*
Registrar.

If so, specify.....

(Signed)....., M. D.

(Address).....

Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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