

WAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
No. 212 East 34th St. Terr. St. _____ Ward _____

File No. 6208
Registered No. _____

2. FULL NAME Mrs. Catherine O'Rourke

(a) Residence, No. 212 East 34th St. Terr. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 56 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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick O'Rourke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 18

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) Ireland

13. NAME Jno Bourke

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

15. MAIDEN NAME Lary Spallne

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

17. INFORMANT Mrs. M. J. Cleary (ADDRESS) 309 Bruskreek Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 2/2/37

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 2/1/37 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31st. 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/26 1937 to 31 1937

I last saw her alive on 1-31, 1937. Death is said to have occurred on the date stated above, at 4 AM.

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

Lobar pneumonia 1/21/37
(R lower lobe)

Other contributory causes of importance: 108

Name of operation None Date of _____

What test confirmed diagnosis clinical 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? _____
If so, specify _____

(Signed) M. J. O'Neil M. D.
Health Bd. New (Address)

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.

Dr. M. J. Connor.
Dated 13th
24.28.13.