

MAR 31 1937

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

Do not use this space.

1. PLACE OF DEATH

97 County Saline Registration District No. 796 File No. 8963
Township Marshall Primary Registration District No. 3038 Registered No. 20
City Marshall (No. 362 W. Arrow) St. _____ Ward _____

2. FULL NAME

Katherine E. Hanaghan
(a) Residence, No. 362 W. Arrow St. _____ Ward _____ (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 70 0 21

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

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) Williamsport, Pa. (STATE OR COUNTRY) Pennsylvania

13. NAME Thomas Hanaghan

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

15. MAIDEN NAME Alice Howley

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

17. INFORMANT Rev. Wm. J. Brody (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Feb 4 1937

19. UNDERTAKER Short-McCrory (ADDRESS) Marshall, Mo.

20. FILED Feb. 4 1937 Helmy Weston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1936 to Jan 1, 1937

I last saw him alive on Dec 19, 1936

to have occurred on the date stated above, at 3:02 p.m.

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

Carcinoma Stomach
46

Other contributory causes of importance:

Chc. Interstitial Nephritis

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? No

If so, specify _____

(Signed) Rooinneued, M. D.

(Address) Marshall Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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