

APR 8 1937

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

Do not use this space.

9605

1. PLACE OF DEATH

County Jackson
Township Kaw
City K. C. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. 3210 East 23rd St. St. 9 Ward)

File No. 1000
Registered No. 1000

2. FULL NAME Sister Mary Teresa Stack

(a) Residence, No. 3210 E. 23rd St., 9 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 6 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Vincent's Hosp

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) Cypress Islands, Va.

13. NAME John J. Stack

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

15. MAIDEN NAME Mary Ann Collins

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

17. INFORMANT Mother Regina
(ADDRESS) 3210 E. 23rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE 3-17 1937

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED Mar 16 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1937 to Mar. 15 1937
I last saw her alive on 3/15 1937 Death is said to have occurred on the date stated above, at 3 m.

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

Gas gangrene left leg, acute occlusion vessels of leg. (not diabetic) Date of onset 3/10/37

Other contributory causes of importance:

Lobar pneumonia 108 Apr 10/37

Name of operation none Date of none
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. Owen M. D.
(Address) 1000 Bldg, New

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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OCCUPATION
FATHER
MOTHER

Dr. M. J. Owen
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