

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

Do not use this space.

JUL 10 1937

22641

1. PLACE OF DEATH

County Jackson  
Township K A W  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 3720 East 10th Street 2

File No. \_\_\_\_\_  
Registered No. 22641  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs Catherine PHEMISTER

(a) Residence, No. 3720 East 10th Street, Ward. 1  
(Usual place of abode)

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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1873

7. AGE YEARS 64 MONTHS 4 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

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) Pennsylvania

13. NAME Thomas Freeman

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

15. MAIDEN NAME Catherine Regan

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

17. INFORMANT Edward B. Pheminster, son,  
(ADDRESS) 3720 East 10th, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem DATE 6/3/37

19. UNDERTAKER Melody-McGilley  
(ADDRESS) K. C. Mo.

20. FILED 6/2 19 37 M. M. Garrow  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4.14, 1934, to 5.29, 1937

I last saw him alive on 5.29, 1937. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Papillary carcinoma ovary (Primary) 49 1933

Other contributory causes of importance: Generalized Carcinomatosis 1936

Name of operation Oophorectomy Date of 4.14.37  
What test confirmed diagnosis? Path. Exam 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) H. C. Larn, M. D.  
(Address) 1314 Professional Bldg.

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.

15, 29  
81

Dr Harry LAPP  
Professional Bldg.