

OCT 19 1937

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

Do not use this space.

33287

1. PLACE OF DEATH

County Jackson
Township Ham
City Kansas City (No. 2022)

Registration District No. 399Primary Registration District No. 100File No. 3839Registered No. 3839

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3000 East 32nd St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 23

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) Ill13. NAME Jno Mouahan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland15. MAIDEN NAME Matilda M. Fran16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT Alice Dulohery (ADDRESS) 3000 E. 32nd St18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE 9/10/37 19.19. UNDERTAKER W. F. Mayberry (ADDRESS) _____20. FILED 9/14 1937 W. H. Corfow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10/37 193722. I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1937 to Sept 13th 1937I last saw her alive on Sept 13th 1937 Death is saidto have occurred on the date stated above, at 8:5 a.m.

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

Coronary Thrombosis
94B

Date of case

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) James D. Smith M. D.(Address) 318 Professional Bldg K.C. Mo

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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