

NOV 18 1937

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

Do not use this space.

36910

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kan Primary Registration District No. 1002  
City Kansas City (No. 22 C Gen Hosp)

File No. \_\_\_\_\_  
Registered No. 2039  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Katherine McKeighan

(a) Residence, No. 4040 Baltimore Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-31-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Ill

13. NAME Jed Devey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? unknown

15. MAIDEN NAME Dorcas Hart

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

17. INFORMANT (ADDRESS) De uia Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct 29 1937

19. UNDERTAKER (ADDRESS) R. V. Lindsay + Sons  
244 Broadway

20. FILED Oct 28, 1937 M. M. O'rowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1937 to 10-27 1937. I last saw her alive on 10-27 1937. Death is said to have occurred on the date stated above, at 11:55 a.m. The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis; Arteriosclerotic Heart Disease  
Other contributory causes of importance: Arteriosclerotic Gan- grene foot

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) P. J. De Maria, M. D.  
(Address) Supr 22 C Gen Hosp

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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