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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3915 Genesee St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 1512
Registered No. 200

2. FULL NAME Josephine Morrissey 62.0
(a) Residence, No. 3915 Genesee St., 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Richard Morrissey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1866
7. AGE YEARS 71 MONTHS 5 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Ireland 5

FATHER
13. NAME Michael O'Brien 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss Mary Morrissey 3915 Genesee
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 1 15 1938
19. UNDERTAKER (ADDRESS) F. O'Donnell Co 3756 Broadway
20. FILED Jan 14, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13, 1938
22. I HEREBY CERTIFY That I attended deceased from 10-24, 1937, to 1-13-, 1938
I last saw her alive on 1-13-38, 19.... Death is said to have occurred on the date stated above, at 11:18 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Date of onset
9483
Other contributory causes of importance:
Name of operation Morse Date of
What test confirmed diagnosis? Phys. Findings 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) H. H. Owens, M. D.
(Address) 1034 Rialto

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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RECEIVED
FEB 18 1938
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