

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

9869

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City (No. 5331 Highland)

Registration District No. 399
 Primary Registration District No. 1002
Little Sisters of Poor (Ward)

File No. _____
 Registered No. 1334

2. FULL NAMEMrs. Julia Carey

(a) Residence, No. 5331 Highland St. _____ Ward. _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Carey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1855</u>		
7. AGE <u>about 83</u>	YEARS	MONTHS
	DAYS	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>New Jersey</u>		
FATHER	13. NAME <u>James McCann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
MOTHER	15. MAIDEN NAME <u>Mary McClonan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
17. INFORMANT <u>Little Sisters of the Poor</u> (ADDRESS) <u>5331 Highland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Cem</u> DATE <u>3/29/38</u>		
19. UNDERTAKER <u>Quirk & Tobin</u> (ADDRESS) <u>20 West Linwood</u>		
20. FILED <u>Mich 27, 1938</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1933, to March, 19, 1938

I last saw him alive on March 19, 1938. Death is said

to have occurred on the date stated above, at _____ m.

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

Chronic Myocarditis Date of onset _____

2 years

15c

Other contributory causes of importance: _____

Arteriosclerosis

15 years

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? _____

If so, specify _____

(Signed) Paul J. Burke M. D.

(Address) 1402 Bryan Blvd

