

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.

REC'D MAY 9 1938

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

Do not use this space.

13661

1. PLACE OF DEATH

County Jackson  
Township Law  
City Kansas City, Mo. (No. 5331)

Registration District No. 399  
Primary Registration District No. 100

File No. \_\_\_\_\_  
Registered No. 1641 (Ward)

2. FULL NAME

Sister Anna de St. Vital (Catherine Miramond)

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS 81 MONTHS 6 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Little Sisters of the Poor  
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) Cubhamel France 7

13. NAME John Claude Miramond 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 7

15. MAIDEN NAME Philomena Ainaux

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 7

17. INFORMANT Sister Camille, Supt (ADDRESS) 5331 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 4 / 19 / 38, 19\_\_

19. UNDERTAKER Dunk & Tobin Co. (ADDRESS) Kansas City, Mo.

20. FILED Apr 18 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1928, to April 17, 1938.

I last saw him alive on April 17, 1938. Death is said to have occurred on the date stated above, at 7:30 p. m.

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

Carcinoma of stomach  
About 8 months  
4 1/2 in  
Other contributory causes of importance: no

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy 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 of injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Paul Woffourke M. D.  
(Address) 1402 Bryant Bldg

