

REC'D MAY 9 1938

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

13804
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 3608 Agnes St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine Ann McGreevy 261

(a) Residence, No. 3608 Agnes St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Nov. 11, 1922
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as 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) Kansas City, 0
(STATE OR COUNTRY) Missouri 1

FATHER 13. NAME Stephen D. McGreevy
14. BIRTHPLACE (CITY OR TOWN) Atchison, 0
(STATE OR COUNTRY) Ks.

MOTHER 15. MAIDEN NAME Mary M. Talle
16. BIRTHPLACE (CITY OR TOWN) Kansas City, 0
(STATE OR COUNTRY) Mo.

17. INFORMANT Stephen D. McGreevy
(ADDRESS) 3608 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 4/28/38, 1938

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Company
(ADDRESS) Kansas City, Missouri

20. FILED Apr 27 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26/38, 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1938, to Apr 26, 1938
I last saw her alive on Apr 26, 1938. Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

Mongoloid idiocy with terminal convulsions
19
Other contributory causes of importance:
Bovine type of Tuberculosis of mesentery & lungs

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. 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? No
If so, specify _____
(Signed) G. H. Hoxie, M. D.
(Address) 906 Grand

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.