

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

Do not use this space.

39830

1. PLACE OF DEATH

County Jackson
Township Haw
City Kansas City

Registration District No. 399
Primary Registration District No. 1093
(No. Little Sisters of Poor)

File No. _____
Registered No. 4837
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5331 Highland St. Apt 15 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1852 Unknown</u>		
7. AGE YEARS <u>80</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</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>Ireland - 15</u>		
MOTHER	13. NAME <u>Simon Guerin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Mary Kane</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Little Sisters of the Poor in England</u> (ADDRESS) <u>5331 Highland St. E. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>12-19-1932</u>		
19. UNDERTAKER <u>Lynch and John</u> (ADDRESS) <u>X E Mo</u>		
20. FILED <u>12/29/32</u> M. M. Browne Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932 to Dec 15 1932
I last saw him live on Apr 15 1930 Death is said to have occurred on the date stated above, at 3:50 pm
The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset _____
108
100A/108
Other contributory causes of importance:
Bad cold

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 D. Stange M. D.
(Address) Little Sisters of the Poor

WHITE LABEL, 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.

