FEB 25 1937

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

Do not use this space.

1691

1. PLACE OF DEATH
County Kansas City — Registration District No. 399 — File No. 1691
Township kaw — Primary Registration District No. 1002 — Registered No. 482
City Kansas City (No. 134 No. Hardesty St. Ward)

2. FULL NAME Sister Mary Edmund Whelan
(a) Residence, No. St. Agnes Academy St., Ward. (If nonresident, give city or town and State)
(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.

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) May 3, 1855
7. AGE Years 81 Months 8 Days 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 2.15
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bardstown Kentucky 2

FATHER
13. NAME James Whelan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

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

17. INFORMANT (ADDRESS) Sisters of Mercy 134 No. Hardesty
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem DATE 1/29 1937
19. UNDERTAKER (ADDRESS) QUIRK & TOBIN CO 20 West Linwood
20. FILED Jan 27 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27, 1937
22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1927, to 1-27, 1937
I last saw her alive on 1-27, 1937 Death is said to have occurred on the date stated above at 12 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/26/37

Other contributory causes of importance: Arterio Sclerosis ?

Name of operation Chemical 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? no
If so, specify
(Signed) M. J. Arms, M. D.
(Address) Rialto Bldg Denver

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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