

REC'D MAR 14 1938 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

5604  
670

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Jackson Primary Registration District No. 1002  
 City Kansas City (In 131 Cherry St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 2. FULL NAME Susan Josephine Carrigan 625  
 (a) Residence, No. 131 Cherry St. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

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) June 10 - 1884  
 7. AGE YEARS 55 MONTHS 7 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Directory Advertising  
 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) KC Mo  
 13. NAME Thomas Carrigan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 15. MAIDEN NAME Mary E. Desmond  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT Edward M. Carrigan  
 (ADDRESS) 131 Cherry  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 2/12/38  
 19. UNDERTAKER (ADDRESS) F. O. Donnell Co  
122 56 Broadway  
 20. FILED 2/10 1938 M. M. Brown  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 1 1937, to Feb 9 1938  
 I last saw her alive on Feb 8 1938 Death is said to have occurred on the date stated above, at 11:45 am  
 The principal cause of death and related causes of importance were as follows:  
Tubercin 50  
 Date of onset: \_\_\_\_\_  
 Other contributory causes of importance: Recurrent carcinoma of breast 3 yrs  
Cancer breast  
 Name of operation Radical Operation Date of \_\_\_\_\_  
 What test confirmed diagnosis? Tubercin 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) Orin K. Meyer \_\_\_\_\_, M. D.  
 (Address) 120 Grand Blvd.

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.

From John  
August 1960