

DEC'D SEP 13 1938

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

28058
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kan Primary Registration District No. 1002
(c) City Kansas (d) Street No. 72 C Gen Shop Registered No. 3369
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

Kate Flynn 457
(a) Residence, No. 2538 Mt Gale 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF /
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) (STATE OR COUNTRY) Ire.
13. NAME Jim Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Mary Brennan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
17. INFORMANT (ADDRESS) Deirda Clark
72 C Gen Shop
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Galway DATE 8-27, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Daniel Brown
1536 - Munda
20. FILED Aug 26, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1938, to 8-25, 1938
I last saw her alive on 8-25, 1938 Death is said to have occurred on the date stated above, at 8:10 PM
The principal cause of death and related causes of importance were as follows:
Cerebral Edema; Chronic
vascular nephritis
131
Other contributory causes of importance:
Broncho pneumonia
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Y
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) P. F. DeMara, M. D.
(Address) 72 C Gen Shop

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. 5122

P. O. Address Kansas City, Kan.

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.