

1939 MAR 9 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5341  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 540  
 (c) City Kansas City (d) Street No. St. Joseph's Hospital 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

Mrs. Annie Doody  
 (a) Residence, No. 4414 Jarboe St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Doody

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1879

7. AGE YEARS 59 MONTHS 6 DAYS 14 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Gallway Ireland

13. NAME John McGrath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Bridget

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) James Doody 4414 Jarboe

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. Feb. 10, 1939

19. FUNERAL DIRECTOR (NAME), (ADDRESS) QUIRK & TOBIN CO. Kansas City, Mo.

20. FILED 79 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 23 1938 to Feb 7 1939  
 I last saw her alive on Feb 7 1939. Death is said to have occurred on the date stated above, at 4:10 pm.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of left lung with metastasis  
 Date of onset 5

Other contributory causes of importance: Fracture of femur metastatic

Name of operation Removal of femur Date of 12/25/38  
 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? X Date of injury X, 1939  
 Where did injury occur? X (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify James McGrath M. D.  
 (Signed) J. B. Argyre (Address) 736 Argyre Bldg.

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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**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.**