

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

Do not use this space.

30240

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
Township Kaw Primary Registration District No. _____ Registered No. _____
City J. C. Mo. (No. _____) St. Marys Hosp St. _____ Ward _____

2. FULL NAME

Mrs Margaret E. Dwyer
(a) Residence. No. 706 Lufwood 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

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 OR (OR) WIFE OF V. N. Dwyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 7 12 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Nicholoville, Ky
(STATE OR COUNTRY)

10. NAME OF FATHER Jonas Coerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret E. Zeib

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT C. M. Dwyer
(Address) 550 Wambell Road

15. FILED 10-1, 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 19 1927 to Oct 1 1927
that I last saw him alive on Sept 30 1927, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cerebral hemorrhage
82.8

CONTRIBUTORY Amst Coy
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 1.5 p.m.
(Signed) J. H. Dwyer
10/1 1927 (Address) 1215 Fulton St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill DATE OF BURIAL Oct 3 1927

20. UNDERTAKER Ammon & Bow ADDRESS 1304 S

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.

F. L. ...

May 10, 1862

100 miles

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