

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

Do not use this space.

33474

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
Township Year Primary Registration District No. ....  
City X.C.M. (No. 2108 Montague) St. .... Ward)

File No. ....  
Registered No. 4244  
St. .... Ward)

**2. FULL NAME**

Maggie Milligan  
(a) Residence. No. 2108 Montague Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 | 7 | 11 | 50 min.

**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) Living pool  
(STATE OR COUNTRY) England

10. NAME OF FATHER Timothy Murphy

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

12. MAIDEN NAME OF MOTHER Margret Murphy

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

14. INFORMANT William C. Milligan  
(Address) 2108 Montague

15. FILED 11/8 21 M. M. Crowe REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 19 27

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19 26, to Nov. 19 27 that I last saw h. alive on Nov. 5, 19 27, and that death occurred, on the date stated above, at 1:15.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Angina pectoris.  
50  
57  
CONTRIBUTORY (SECONDARY) & Atherosclerosis  
(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 clinical

(Signed) Fred J. J. J. M. D.

11/7, 1927 (Address) 402 Walker Bldg

\*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 Heavenworth DATE OF BURIAL Nov 11 1927

20. UNDERTAKER Rose & Co ADDRESS ..

K. R.—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.

DEPARTMENT RECORD

~~W. J. ...~~

78:63791

R.C.A. e Bell

Dr. ...