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

Do not use this space.

1067

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 97

Township Kaw — Primary Registration District No. 1392 — Registered No.

City Kansas City (No. 432 Montgall Ave St. Ward)

2. FULL NAME Margaret Olive Nelligan

(a) Residence. No. 432 Montgall Ave St., 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22, 1915

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
12	—	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sibley
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Nelligan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Artie Limbard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Norborn
(STATE OR COUNTRY) Missouri

14. INFORMANT John Nelligan
(Address) 432 Montgall

15. FILED Jan 8, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from 9/1/, 1927, to 1/7/, 1928 that I last saw her alive on 1/7/, 1928, and that death occurred, on the date stated above, at ___ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, acute
22
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Infantile Paralysis
(duration) yrs. 4 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) L. G. Potter, M. D
1/8/, 1927 (Address) 513 Commerce

*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: St. Mary's — DATE OF BURIAL: 1/10 1928

20. UNDERTAKER: The Freeman Mortuary — ADDRESS

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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