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

Do not use this space.

16171

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No. 560

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph (No. 1408 Ridenbaugh Street. St. Ward)

2. FULL NAME Margaret Wilmot Cronan.

(a) Residence. No. 1408 Ridenbaugh Street. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 13, 1857.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	8	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chicago.
(STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER John D. Wilmot.

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

12. MAIDEN NAME OF MOTHER Brigget Sheehy.

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

14. INFORMANT Agnes Cronan.
(Address) 1408 Ridenbaugh Street.

15. FILED MAY 4 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1928, to May 3, 1928 that I last saw her alive on May 3, 1928, and that death occurred, on the date stated above, at 10:20p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46B Carcinoma of Stomach
107A
44A
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia
(duration) yrs. mos. 2 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? Physical Exam

(Signed) H. G. Thompson M. D

5/4/ , 1928 (Address) 825 Charles St. St. Joseph

*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 Mount Olivet Cemetery.

DATE OF BURIAL May 7, 1928

20. UNDERTAKER H. O. Hidenfadue

ADDRESS 1802 Union St.

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.