

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

Do not use this space.

33676

**1. PLACE OF DEATH**

County... Jackson  
Township... Kaw  
City... Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 4617 East 7th St. 10 Ward.)

File No. \_\_\_\_\_  
Registered No. 211  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** Mrs. Margaret Cahill

(a) Residence. No. 4617 East 7th St., 10 Ward. (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28, 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
90 | 7 | 19

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Norway  
(STATE OR COUNTRY)

10. NAME OF FATHER Not Known

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Mrs. John Walters  
(Address) 4617 East 7th

15. FILED 10/17 28 M. M. Croome  
19... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1928

17. I HEREBY CERTIFY That I attended deceased from May 1925 to Oct 17 1928  
that I last saw her alive on Sept 28, 1928, and that death occurred, on the date stated above, at 4:20 A. m.

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

Cardiac decompensation  
924  
708 (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal regurgitation  
Illinois (duration) 9 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Stomach empty

(Signed) Joseph H. White, M.D.  
10/17 . 1928 Address 915 Maple St

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery DATE OF BURIAL 7/19 1928

20. UNDERTAKER Quirk & Tobin Co--20 W Linwood ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

