

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

Do not use this space.

18269

1. PLACE OF DEATH

County Jackson Registration District No. **399**
Township Kant Primary Registration District No. 1007
City Kansas City (No. 2901, Garfield)

File No. _____
Registered No. 2314
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2901 Garfield St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. 6 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Mary J McQuilty</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>aug-9-1849</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>9</u>
		DAY
		<u>9</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Real Estate</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Pa.

PARENTS

10. NAME OF FATHER	<u>unknown</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	<u>Pa.</u>
(STATE OR COUNTRY)	
12. MAIDEN NAME OF MOTHER	<u>unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	<u>Pa.</u>
(STATE OR COUNTRY)	

14. INFORMANT Mrs Mary J McQuilty
(Address) 2901 Garfield

15. FILED 9/19, 1929 M. M. Cronin
REGISTRAR Asst

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-18 1929

17. I HEREBY CERTIFY, That I attended deceased from 5/18 1929 at 5/18/29 that I last saw him alive on 5/18, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute dilatation of heart 95 B
162
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTING (SECONDARY) Senility over exertion
(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 _____
(Signed) M. J. [Signature] M. D.
19, 1929 (Address) 1034 Kellott 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 <u>mtk wash</u>	DATE OF BURIAL <u>May 20 19 29</u>
20. UNDERTAKER <u>Downer & Sons R.C.</u>	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.

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• Mr. M. J. Lewis •
St Mary's Hosp