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

Do not use this space.

5282

File No. 941

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 00 4

City Kansas City (No. 320 Cypress St. ..... Ward)

2. FULL NAME Margaret E. Machen

(a) Residence. No. 320 Cypress St., 10 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
~~Male~~	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	10	1	

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)
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER David C. Jones

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

12. MAIDEN NAME OF MOTHER Mary Lewis

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

14. INFORMANT Elizabeth Curry
(Address) 15th & Denver

15. FILED 3/1, 1930 M. M. Crowe REGISTRAR
ossb

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febry. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/26, 1931, to 2/27, 1930 that I last saw her alive on 2/27, 1930, and that death occurred, on the date stated above, at 3:26 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Disease
75B
127B
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cholecystitis
(duration) yrs. mos. 4 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) R. A. Williams, M. D.
3/1, 1930 (Address) 5400 S. John Ave. K. C. Mo.

*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~~ Elmwood Cemetery — DATE OF BURIAL 3-1 1930

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Tillham Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Be-2659

321 N. Vine [illegible] Rio.