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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 30042 8848
Township — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St Josephs Hospital St. Ward)

2. FULL NAME Michael McDermott
(a) Residence. No. Buckner Mo St., Ward. St Joseph Hospital
(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: Male
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) Feb 11 - 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	7	9	

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

9. BIRTHPLACE (CITY OR TOWN) Independence Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Bartley McDermott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ellen Mitchell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mary E Costello
(Address) Buckner Mo

15. FILED 9-20, 1930 M McCrowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-20-30 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1930, to Sept 20, 1930 that I last saw him alive on Sept 19, 1930 and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous Meningitis and Tuberculous Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis Acute Diffuse (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Buckner Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + X Ray
(Signed) Harry L Jones, M. D.
9-20 1930 (Address) 602 Argyle 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 St Marys Cemetery Indep Mo — DATE OF BURIAL Sep 22 1930

20. UNDERTAKER Ott + Mitchell — ADDRESS Indep Mo.

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.

[illegible]
argyle [illegible]
Vic 0848