

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson
Township of Kansas City
City of Kansas City (No. 292 Park Ave)

Registration District No. 399
Primary Registration District No. 1029

File No. 4518
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Margaret Stapleton
(a) Residence. No. 292 Park Ave 11 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 15

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) Penn

10. NAME OF FATHER Henry Donovan

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

12. MAIDEN NAME OF MOTHER Catherine Casey

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

14. INFORMANT (Address) James Stapleton 292 Park Ave

FILED 11/7, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1930, to Nov 6, 1930, that I last saw h. e. alive on Nov 6, 1930, and that death occurred, on the date stated above, at 12:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute pneumonia lung & Gall bladder
13 (duration) 1? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 44
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

19. WHAT TEST CONFIRMED DIAGNOSIS? Genial & History
(Signed) D. E. Seaman, M. D.

11-7, 1930 (Address) 4800 E 74th

*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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL West St Marys DATE OF BURIAL 11/8/1930

21. UNDERTAKER Donnell G. 3256 Broadway ADDRESS

7-2-24

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