

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

Do not use this space.

21327

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Raw

Primary Registration District No. 1002

City Kansas City

(No. 1304 South Paces Place)

File No. _____
Registered No. 2219
Ward _____

2. FULL NAME

Mrs Margaret E Grady

(a) Residence. No. 1304 South Paces Place 9 yard.
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

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

March 7, 1851

7. AGE

YEARS 80

MONTHS 2

DAY 25

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

930
77

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Vermont

10. NAME OF FATHER

Patrick Walsh

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

Elizabeth Brackley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14.

INFORMANT

John M. Grady
(Address) 1304 South Paces Place

15.

FILED

June 2 19 31 M. M. Crowe
Assr REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1931

17. I HEREBY CERTIFY, That I attended deceased from May 27 1931 to May 31 1931 that I last saw her alive on May 31 1931, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Myocarditis

CONTRIBUTORY (SECONDARY)

Arterio-sclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. W. Centrell M. D.

6/2 1931 (Address) 810 Argyll St

*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 DATE OF BURIAL

Saint City, Iowa June 2 1931

20. UNDERTAKER

W. H. Newcomer's Sons ADDRESS K. C. Mo.

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.

810 Argyle Bldg

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