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.

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

Do not use this space.
37558

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 4404
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 4608 South Benton St. Ward)

2. FULL NAME Mrs ~~Mrs~~ Anna Marguerite Flanigan
(a) Residence, No. 4608 South Benton St., 16 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: Female
4. COLOR OR RACE: White
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) Aug 24-1893
7. AGE: YEARS 38 — MONTHS 2 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER
13. NAME Thomas McDonald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER
15. MAIDEN NAME Mary McEvoy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Thomas Flanigan 4608 South Benton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Nov 4 1931
19. UNDERTAKER (ADDRESS) John J Sheehan 4316 Troost ave
20. FILED 11/2 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1931
22. I HEREBY CERTIFY, That I attended deceased from July, 1930, to Nov 2, 1931
I last saw her alive on Nov 1, 1931. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia	
23 23A	

Other contributory causes of importance:
Chronic Pulmonary Tuberculosis
3-5 yrs duration

Name of operation — Date of
What test confirmed diagnosis? Usual — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Geo E Knappenberger, M. D.
(Address) 934 Orville Bldg. Kansas City, Mo

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[illegible] 4847