

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

Do not use this space.

37559

1. PLACE OF DEATH

County.....Jackson.....
Township.....Kaw.....
City.....Kansas City.....

Registration District No.
Primary Registration District No.
(No. # 38 East 32nd Street.....

File No. 4408
Registered No.
St. Ward)

2. FULL NAME Mrs. Mary Madden

(a) Residence, No. # 38 East 32nd Street St. 5 Ward.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4th, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1867
10. Date deceased last worked at this occupation (month and year) 1941 11. Total time (years) spent in this occupation 131

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

FATHER 13. NAME Redmond Keating

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Hanorah Hickey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Frank T. Madden
(ADDRESS) # 38 East 32nd Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 3rd. 1931

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED 11/2 1931 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1st. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16th 1931, to Nov 1st 1931.
I last saw h. or alive on Nov 1st 1931. Death is said to have occurred on the date stated above, at 9.20 Am.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis and Arteriosclerosis
Chronic Interstitial Nephritis for past 25 years
Fracture of right hip joint Oct 16th 1931
1st time

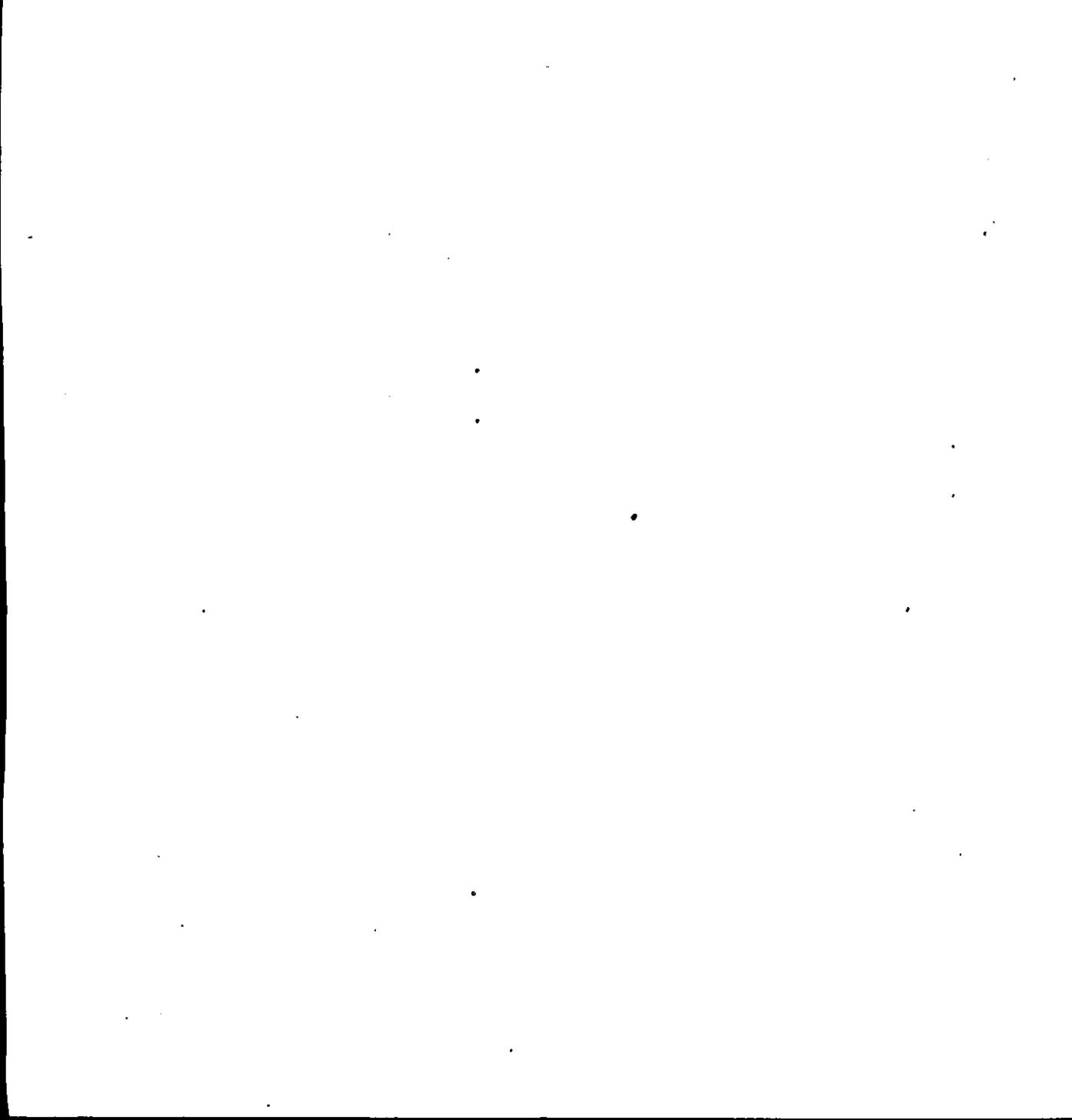
Other contributory causes of importance: Fracture of right hip joint Oct 16th 1931 1st time

Name of operation _____ Date of _____
What test confirmed diagnosis Symptoms 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) Frank T. Madden M. D.
(Address) 728 Delaware St.



January 7, 1932

Bureau of Vital Statistics
Health Department Kansas City, Missouri

Gentlemen:

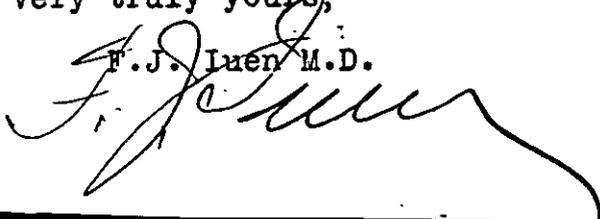
In order to explain the kind of accident which caused the fracture of the hip joint to Mrs. Mary Madden October 16th. 1931, I wish to report as follows:

As previously stated, Mrs. Madden lived at 38 East 32nd. Street, Kansas City, Missouri. She occupied a bedroom on the second floor of the house and on the south side. She had been feeble for a long time, and it was the custom of the family for one of the daughters to take her to her room and put her to bed, and this was done on this particular night. The daughter returned to the living room on the first floor and soon after coming down stairs heard a noise in the mother's room, which seemed to be some one falling. They immediately went to her room and found Mrs. Madden in a sitting posture near the south window in her room. On examination it was found that she had the usual physical symptoms of a fracture in or near the right hip joint. There was no x-ray made in this case.

Trusting that this information will be satisfactory, I am,

Very truly yours,

F. J. Luen M.D.



FJI-KL

S-37557

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City *K City* (No.....)

Registration District No. *399*
Primary Registration District No. *1002*

File No.....
Registered No. *4408* St..... Ward.....

2. FULL NAME

(a) Residence, No. *Mary Madden* St..... Ward.....
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *wid*

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED *11/2* 19*31* *M. M. Craven* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 1, 1931*

22. I HEREBY CERTIFY, That I attended deceased from to

I last saw h..... alive on, 19..... Death is said to have occurred on the day stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis & Arteritis
Chronic
Hypertensive Nephritis*

Other contributory causes of importance:

*Fracture of right hip
first Oct 16 - 1931 in home*

Name of operation *1860* Date of.....

What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, ~~suicide~~, or homicide? Date of injury *Oct 16, 1931*

Where did injury occur? *Kansas City Mo 352 32nd St. 4* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In her home

Manner of injury *Presumably by fall*

Nature of injury *Fracture of right femur*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Frank J. Soren* M. D.

(Address) *3424 Baltimore Ave*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-37559

supra