

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

Do not use this space.

41100

File No. 5089

Registered No. _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3230 Summit) St. _____ Ward _____

2. FULL NAME Mrs. Winifred McHugh

(a) Residence, No. 3230 Summit St. 5 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 Peter McHugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 20

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.
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) Missouri

13. NAME Mark Burns

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

15. MAIDEN NAME Bridget McMahon

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

17. INFORMANT Peter Mc Hugh (ADDRESS) 3230 Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Dec 26 1931

19. UNDERTAKER Jurk & Tobin Co (ADDRESS) 20 West Linwood

20. FILED 12/25, 1931 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1931

22. I HEREBY CERTIFY, That I attended deceased from 11:30 to Dec 24, 1931

I last saw him alive on Dec 23, 1931. Death is said to have occurred on the date stated above, at 5:45 P M

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

Myocarditis acute attack
93C
93A
97
Other contributory causes of importance:
Myocarditis chronic + Arteriosclerosis

Date of onset Dec 31

Some years

Name of operation none Date of _____

What test confirmed diagnosis? usual 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 _____, 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? _____

If so, specify _____
(Signed) Ward H. Sherrard M.D.
(Address) 3232 Summit St

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.

