

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

Do not use this space.

41180

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Ross Primary Registration District No. 100
 City K. C. Mo. (No. Research Hospital) St. _____ Ward _____

File No. _____
 Registered No. 5169

2. FULL NAME

Margaret McLowry
 (a) Residence, No. 824 East 17th St., _____ 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
 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) Alabama

13. NAME no record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Mrs. H. J. Patrick
 (ADDRESS) 5114 Woodland

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Glenswood DATE Dec 31, 1931

19. UNDERTAKER Mrs. C. L. Towner
 (ADDRESS) 718 Brooklyn Avenue

20. FILED 12/30, 1931 M. M. Crowe
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 30 - 1931
 22. I HEREBY CERTIFY, That I attended/deceased from Dec 27 to Dec 29 1931
 I last saw her alive on Dec 29, 1931. Death is said to have occurred on the date stated above, at 2:35 A.M.

The principal cause of death and related causes of importance were as follows:
Pneumonia (lobar)
108
23A/08
 Other contributory causes of importance:
Possible tuberculosis (inactivation)
nature, not completed)

2. Name of operation Autopsy Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? Yes

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) John E. Murphy, M. D.
Professional

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.

Professional Ma-1651

848 W. 57 - Hi - 0888

12:30 - 5:30 pm.