

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

Do not use this space.

8314

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. Industrial Hospital) St. _____ Ward _____

File No. _____
 Registered No. 880

2. FULL NAME Miss Margaret M Searle

(a) Residence, No. 1100 Bennington St. 12 Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 23 1884</u>		
7. AGE YEARS <u>48</u>	MONTHS	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
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) <u>Keats, Iowa</u> <u>2</u>		
13. NAME <u>Joseph Searle</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u> <u>8</u>		
15. MAIDEN NAME <u>Bridget Crocker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> <u>15</u>		
17. INFORMANT (ADDRESS) <u>Mrs A. B. Mulvaney</u> <u>920 Newton Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys, Cemetery</u> DATE OF BURIAL <u>3-3 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Quirk & Tobin Co.</u> <u>Linwood & Main</u>		
20. FILED <u>3/2</u> 19 <u>32</u> <u>M. M. Corvane</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1932

22. I HEREBY CERTIFY That I attended, deceased from REV. 11 1929, to March 1 1932

I last saw him alive on March 1 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Congestion Date of onset _____
Carbuncle Right Breast 1928
50
 Other contributory causes of importance: _____
Carcinoma of Left Breast 1924
1924
 Name of operation R. breast ext. 2-11-29 Date of _____
 What test confirmed diagnosis? Clinical 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 _____ (D)

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. B. Mulvaney M. D.
 (Address) 920 Newton Ave

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.

From 1-1-71