

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

Do not use this space.

8475

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY

Registration District No. 388
Primary Registration District No. 150
(No. 914 BENTON BLYD.)

File No. 1056
Registered No. 1056
St. _____ Ward)

2. FULL NAME

MARY KATE LOW

(a) Residence, No. 914 BENTON BLYD. St. 14 Ward.

(Usual place of abode) (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 F 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 9-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 3

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) PERTH AMBOY NEW JERSEY

13. NAME HUGH HICKS

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

15. MAIDEN NAME MARY ANN LEE

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

17. INFORMANT (ADDRESS) HARRIETTE FLANIGAN 914 BENTON

18. BURIAL, CREMATION, OR REMOVAL PLACE OTTAWA KANSAS DATE MCH 14 1932

19. UNDERTAKER (ADDRESS) NEWCOMER'S SONS CITY

20. FILED 2/14 IS 3 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MCH 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 1925 to March 12 1932
I last saw her alive on March 12 1932 Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach (clinically)
46 B
87 B
Other contributory causes of importance:
Paralysis agitans + senility
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Physical 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) Calvin P. Beard, M. D.
(Address) 2007 Bryant Bldg, S.C., Mo.

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.

For [unclear]

By [unclear]

1191 & [unclear]

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