

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

Do not use this space.

11632

**1. PLACE OF DEATH**

County Buchanan Registration District No. 82  
 Township Marion Primary Registration District No. 5723  
 City Easton Missouri (No. Easton, Mo) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 7  
 Registered No. 7  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Margaret McDevitt

(a) Residence, No. Easton Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 92 yrs. mos. ds. (If nonresident, give city or town and State)

**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 Patrick McDevitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1835

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>97</u>	<u>1</u>	<u>2</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</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) Unknown (STATE OR COUNTRY) Ireland 15

FATHER 13. NAME Cornelius Mahar

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

MOTHER 15. MAIDEN NAME Jane Kennedy

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

17. INFORMANT Miss Elizabeth McDevitt (ADDRESS) Easton Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hurlinger Mo. DATE April 8 1932

19. UNDERTAKER (ADDRESS) 1802 Union St St Joseph Mo.

20. FILED 5710 1932 W. T. Bigham Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 19 32

22. I HEREBY CERTIFY, That I attended deceased from April 3 1932 to April 5 1932  
 I last saw her alive on April 5 1932 Death is said to have occurred on the date stated above, at 2:30 a. m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach  
46B 46 B  
 Other contributory causes of importance:  
(P)

Name of operation None 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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. T. Bigham, M. D.  
 (Address) Easton 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.

MAY 23 1932

