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.

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

Do not use this space.

19790

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. [illegible]
City K. C. Mo. (No. 1628 Kans. ave St. Ward)

File No. 2600
Registered No.

2. FULL NAME Margaret Twyman
(a) Residence, No. 1628 Kansas ave. St., 11 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 Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clifton Twyman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1837
7. AGE YEARS 94 MONTHS 11 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
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) Tenn. 2

FATHER
13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 31

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " "

17. INFORMANT (ADDRESS) E. E. Carpenter 1210 Holmes St.
18. BURIAL, CREMATION, OR REMOVAL Indp. PLACE Woodlawn DATE Mo. 7-2-1932
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn ave.
20. FILED 7/1 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932
22. I HEREBY CERTIFY, That I attended deceased from July 1 1932, to June 30, 1932
I last saw her alive on June 25, 1932 Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial degeneration for 2 yrs	
186A	
194B	
93C	
Other contributory causes of importance: Fractured Clavicle from fall	6-22-32
①	4

Name of operation none Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Harry L. Jones, M. D.
(Address) Kansas City Mo.

Dr. Harry A. Jones
Argyle - Vi - 0848
3919 Forest Lo - 1578
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