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.

22721

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 2022
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 7411 Penn St. St. Ward)

2. FULL NAME Mrs. Mary Galvin O'Connor
(a) Residence, No. 7411 Penn St., 8 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas O'Connor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): about 1872

7. AGE: YEARS 60 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: 235
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): Iowa

FATHER
13. NAME: Thomas Galvin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 151

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

17. INFORMANT (ADDRESS): Thomas O'Connor 7411 Penn

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marsys Cem DATE 7/4/32 19

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co. 20 W Linwood

20. FILED 7/3 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to July 1, 1932
I last saw her alive on June 30, 1932. Death is said to have occurred on the date stated above, at 7:45 m. P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Hypertension	Jan 1 1932
131	
93a	
10a	
Other contributory causes of importance:	
General Anasarca with Nephritis Chronic	1930

Name of operation — 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) 235 Rialto