

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

Do not use this space.

26320

1. PLACE OF DEATH

County... Jackson Registration District No. 399
Township... Kaw Primary Registration District No. 1002
City... Kansas City (No. St. Joseph Hospital)

File No. _____
Registered No. 3228
St. _____ Ward _____

2. FULL NAME

Mrs Mary Margaret Jackson

(a) Residence, No. 4611 Fairmount St., 7 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William B Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22, 1896</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>7</u>	DAYS <u>29</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. <u>235</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1932 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1932 to Aug 21, 1932
I last saw him alive on Aug 21, 1932 Death is said to have occurred on the date stated above, at 8.50 A.M.

The principal cause of death and related causes of importance were as follows:

Colapsus Puerperal
146
146
Date of onset _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City</u> <u>Mo</u>
13. NAME <u>James Foran</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> <u>15</u>
15. MAIDEN NAME <u>Elizabeth Ade</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u> <u>2</u>

Name of operation _____ Date of _____
(What test confirmed diagnosis? _____ Was there an autopsy? _____)

17. INFORMANT <u>M B Jackson</u> (ADDRESS) <u>4611 Fairmount</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys</u> DATE <u>8-24-32</u>

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.

19. UNDERTAKER <u>Quirk & Tobin Co</u> (ADDRESS) <u>Linwood & Main</u>

Manner of injury _____
Nature of injury _____

20. FILED <u>Aug 23 1932</u> <u>Ass't Registrar</u>
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24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) John P. Shiner, M. D.
(Address) 1402 Bryant St.

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.

