

N. B.—Every item of information should be carefully supplied. AGs 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.

32173

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 2218 Van Brunt) St. _____ Ward _____

File No. _____
Registered No. 3695

2. FULL NAME

Mrs. Suzanna Egan
(a) Residence, No. 2218 Van Brunt St. _____ 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 <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>David Egan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 18 61</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>7</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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.	
	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) <u>Michigan</u>		
MOTHER	13. NAME <u>Joseph Willy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>No record</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Thos J Wm Daltony 832 Vattelien end</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys</u> DATE <u>10-3-32</u>		
19. UNDERTAKER <u>Quirk & Tonin Co</u> (ADDRESS) <u>20 West Lincolnwood</u>		
20. FILED <u>10/1 1932 M. W. Crowe</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27 1932 to Oct 1 1932
I last saw him alive on Sept 27, 1932 Death is said to have occurred on the date stated above, at 11:30 A. M.
The principal cause of death and related causes of importance were as follows:
Soreness of larynx (Sternum & thyroid) 930
940
950
Other contributory causes of importance:
Interstitial disease

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____ (Signed) John L. Stearns M. D.
(Address) 1472 Bryant St. S. Mo.

John C. [unclear]
5112 [unclear]