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.

32393

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 3522 Cherry St. Ward)

File No.:

Registered No.: 3122

2. FULL NAME: Margaret Eliot MacGregor

(a) Residence, No. 3522 Cherry St. St., 6 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5, 1893

7. AGE: Years 38 — Months 11 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Professor at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Smith College 200

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): Kansas City / Missouri

FATHER

13. NAME: Geo. F. Macgregor 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Toronto / Canada 5

MOTHER

15. MAIDEN NAME: Elizabeth Cobb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence / Kansas 2

17. INFORMANT: Geo F MacGregor
(ADDRESS) 3522 Cherry St

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Forest Hill Cem DATE: 10-5-1932

19. UNDERTAKER: Street & McClure
(ADDRESS) 3232 Gillham Plaza

20. FILED: 10/18, 1932 M. M. Crosby, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1932, to 10/16, 1932

I last saw her alive on 10/16, 1932. Death is said to have occurred on the date stated above, at P. m. 11

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

	Date of onset
Brain Tumor (Rt. Frontal area) Malignant	
C32	5
1113	5

Other contributory causes of importance: Pulmonary Edema

Name of operation: none Date of: —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Edward L. Stallcup, M. D.

(Address) 1010 Professional Bldg. K.C. Mo.