

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

Do not use this space.

5826

1. PLACE OF DEATH  
 48 County Jackson Registration District No. 329  
 10 Township Kaw Primary Registration District No. 1001  
 9 City Kansas City (No. 310 East 34th St. 778 Ward)

2. FULL NAME Mary O'Meara  
 (a) Residence, No. 310 East 34th St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. O'Meara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, ..... hrs. or ..... min.
	74	2	12	

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.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER FATHER

13. NAME James O'Donnell 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Julia O'Brien

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Loretta O'Meara  
 (ADDRESS) 310 E 34th Street

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary Cemetery DATE 2-18 1933

19. UNDERTAKER St. Mary's Church  
 (ADDRESS) 3235 Bellvue Place

20. FILED 2-16 1933 M. M. Crowe  
asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 33 to Feb. 16 1933  
 I last saw her alive on Feb. 16, 1933. Death is said to have occurred on the date stated above, at A. m. 5:30

The principal cause of death and related causes of importance were as follows:  
Capillary thrombosis of the right kidney with embolism  
 Date of onset \_\_\_\_\_

Other contributory cause of importance J3A

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Crowe M. D.  
 (Address) North Kansas City, Mo

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.

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