

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

Do not use this space.

9848

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo. (No. 2641)

Registration District No. 899
Primary Registration District No. 1801

File No. 1452
Registered No. 1452
St. _____ Ward _____

2. FULL NAME

Mrs Maggie Small

(a) Residence, No. 2641 Victor 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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. G. Small

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 - 1868

7. AGE YEARS 68 MONTHS 10 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Widow
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) Ireland

MOTHER FATHER 13. NAME John Laughlin

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

15. MAIDEN NAME Margaret Todd

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

17. INFORMANT Mrs May Zeman
(ADDRESS) 2641 Victor

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Brook Ck. DATE 3-29-33

19. UNDERTAKER (ADDRESS) Prisk & Tobin Co.

20. FILED Mar 28 1933 M.M. Kerover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-33

22. I HEREBY CERTIFY That I attended deceased from May 13 1930, to March 26 1933

I last saw h. _____ alive on 3-26- 1933 Death is said

to have occurred on the date stated above, at 9 a.m.

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

Carcinoma of Stomach Date of onset Jan 1, 33

46 71A 46 6

Other contributory causes of importance: Pernicious Anemia Syncope

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) John H. Laph M. D.
(Address) 1314 Professional Bldg

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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