WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE... EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that ... ent of OCCUPATION is very important.

MAR 24 1934

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

Do not use this space.

5066

792

1. PLACE OF DEATH

County Jackson — Registration District No. 319 — File No.

Township ~~Kaw~~ — Primary Registration District No. 100 — Registered No.

City Kansas City (No. 2058 Holmes St. Ward)

2. FULL NAME Mrs. Bridget Timmons

(a) Residence, No. 2058 Holmes St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
...HUSBAND OF ...IFE OF Martin J Timmons

...IRTH (MONTH, DAY, AND YEAR) Mar 6 1858

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
5	11	8	

...profession, or particular ...of work done, as spinner, ...er, bookkeeper, etc. At Home

...or business in which ...was done, as silk mill, ...ill, bank, etc.

...eased last worked at ...cupation (month and ...

11. Total time (years) spent in this occupation

...CITY OR TOWN) ...UNTRY) Indiana

FATHER
13. NAME Anthony Quinn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret Maloney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss Augusta Timmons 2058 Holmes

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys' Cem DATE Feb 17 1934

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED 2/18 1934 M. M. Crowe Asst Registrar.

Dr. Myrtle Ozias
Office Argyle
Office Hours
Tel. Vic 8107

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec-19, 1933, to 2/14, 1934

I last saw her alive on 12 AM 2-14, 1934. Death is said to have occurred on the date stated above, at 2 P m.

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

Myo Carditis Chronic — Date of onset

93 C

111 B

Other contributory causes of importance: Hypostatic Pneumonia

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) Myrtle Ozias Hill, M. D.

(Address) 7 3/4 Argyle MD