

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

Do not use this space.

8951

**APR 25 1934**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Washington Primary Registration District No. 1007  
 City Kansas City (No. 3216 Washington) St. 1147 (Ward)

File No. \_\_\_\_\_  
 Registered No. 1147  
 St. \_\_\_\_\_ (Ward)

**2. FULL NAME** Miss Margaret Cronin

(a) Residence, No. 3216 Washington St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 3 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 6 22

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Leavenworth (STATE OR COUNTRY) Kansas

13. NAME Dan'l Cronin

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

15. MAIDEN NAME Johana Cronin

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

17. INFORMANT Miss Nellie Cronin (ADDRESS) 3216 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Kas. DATE 3/14/34 19.

19. UNDERTAKER L. F. Mayberry (ADDRESS) City

20. FILED Mar 13 1934 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/34 1934

I HEREBY CERTIFY That I attended deceased from Jan 12, 1934 to Mar 13, 1934  
 I last saw her alive on Mar 12, 1934. Death is said to have occurred on the date stated above, at 1210 a.m.

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

Chronic Interstitial Nephritis  
131 Probably of 5 or 6 yrs duration  
1328

Other contributory causes of importance: Anemia 3/10/34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Symptoms 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? Kansas City Mo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

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. Donaldson M. D.

(Address) 714 Chambers 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.

WRITE PLAINLY, WITH OUTLINES INDICATING THE POSITION OF EACH ITEM.

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Chambers Bldg.

No 0 181