

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.

APR 5 1934

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

Do not use this space.

PLACE OF DEATH

County Jackson Registration District No. 316
 Township _____ Primary Registration District No. 316
 City Kansas City (No. St. Mary's Hospital)

9032
 File No. _____
 Registered No. 1229
 St. _____ Ward _____

2. FULL NAME Mrs. Margaret A. Sullivan

(a) Residence, No. 521 Division St. _____ Ward. K. C. Kans
 (Usual place of abode)

Length of residence in city or town where death occurred 43 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. T. Sullivan		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1859		
7. AGE	YEARS 74	MONTHS 6
	DAYS 20	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	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) Nashville (STATE OR COUNTRY) Tennessee		
MOTHER	13. NAME John Murphy	
	14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)	
	15. MAIDEN NAME Julia O'Shea	
16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)		
17. INFORMANT H. W. Sullivan (ADDRESS) 2314 W. 39th		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 3-19 19 34		
19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City, Kansas		
20. FILED Thos. M. M. Brown Registrar. Thos. M. M. Brown		

MEDICAL CERTIFICATE OF DEATH

21.-DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 17** 19**34**

22. I HEREBY CERTIFY That I attended deceased from Mar 1 1934 to Mar 17 1934

I last saw her alive on Mar 17 1934 Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Retrol Calcululus and acute pyelonephritis (left) Date of onset 13 days ago
Cerebral hemorrhage 6 days

Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____
 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) Polomell _____, M. D.
 (Address) 4178 Cambridge

