

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 25 1934

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

Do not use this space.

9265

1. PLACE OF DEATH
 County Jackson Registration District No. 897
 Township Wagon Primary Registration District No. 100
 City Kansas City (No. 3420 Penn St.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Margaret Thomas
 (a) Residence, No. 3420 Penn 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Thomas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5th. 1875
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
58 9 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 31. 1934
 22. I HEREBY CERTIFY, That I attended deceased from March 25, 1934, to March 31, 1934
 I last saw her alive on March 30, 1934 Death is said to have occurred on the date stated above, at 11:44 a.m.
 The principal cause of death and related causes of importance were as follows

bronchopneumonia
1071 1072
 Other contributory causes of importance _____
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Ill.
 13. NAME James Bodrick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Margaret Jackett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT (ADDRESS) John J. Thomas 3420 Penn St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE April 2, 1934
 19. UNDERTAKER (ADDRESS) Quinn & Taber Co 70 W. Howard
 20. FILED 3-31 1934 on on Crow asst Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) Albert S. Welch M. D.
 (Address) 835 Riado Bldg

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 1-27-34

