

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

Do not use this space.

24710

**1. PLACE OF DEATH**

County Jackson  
Township Kans  
City Kansas City

Registration District No. 379  
Primary Registration District No. 1612  
(No. 3829 Benton Blvd)

File No. \_\_\_\_\_  
Registered No. 1000000  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bridget Deayer

(a) Residence, No. 3829 Benton 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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) in known  
7. AGE YEARS 76 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waukegan Ill

13. NAME Wm Deayer

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

15. MAIDEN NAME Catherine Haley

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

17. INFORMANT (ADDRESS) Mrs Johanna Schlicht 3829 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Mrs. M. Mary DATE July 23 1934

19. UNDERTAKER (ADDRESS) Quincy & T. Wood Co 20 W. Lincoln

20. FILED 7-22-34 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 \_\_\_\_\_, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct \_\_\_\_\_, 1933 to July 20 \_\_\_\_\_, 1934  
I last saw her alive on July 20 \_\_\_\_\_, 1934. Death is said to have occurred on the date stated above, at \_\_\_\_\_ p.m.

The principal cause of death and related causes of importance were as follows:  
Diabetic Insipidus  
69  
618  
69  
Other contributory causes of importance:  
Diabetic Coma

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Glucose Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Reph J. Hoffmann, M. D.  
(Address) 11312 P. Anderson Blvd

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.

AUG 21 1934

Dr. Ralph H. Hallbrook

Professional: 1984

91st State Line

Ja 6678

#2  
*Kansas City*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.  
*3308*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Bridget Dwyer*  
Who died at \_\_\_\_\_  
Residence: No. \_\_\_\_\_ St. *July 20, 1934*  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *F* Color or race *Wht* Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years *76* Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar *J. M. Crowe* ) Date filed *1/22/34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *399* Very truly yours,

Primary Reg. Dist. No. *1002*

*E. T. McGaugh M.D.*  
Special Agent.

5-24710