

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

Do not use this space.

25011

1. PLACE OF DEATH

County Jackson

Registration District No. 400

Township J. Prairie

Primary Registration District No. 5553B

City Jackson (No. J. Prairie Home)

File No. 25011

Registered No. 158

2. FULL NAME

Mrs Elizabeth M. McSaggart

(a) Residence. No. Jackson Co. Home 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of John McSaggart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7. 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	5	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unemployed
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Quebec
(STATE OR COUNTRY) P. I. Canada

10. NAME OF FATHER John Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Co. Wickliffe
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Charlotte Brennan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Co. Wickliffe
(STATE OR COUNTRY) Ireland

14. INFORMANT Maudie U. Gierce
(Address) 3812 Mercier - Kansas City, Mo.

15. FILED July 34 1934 William J. Fields
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1934

17. HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to July 20, 1934, that I last saw her alive on July 19, 1934, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis

930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ?
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? physical

(Signed) J. Green, M. D. (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mo. Washington DATE OF BURIAL July 23 1934

20. UNDERTAKER Wm. Mitchell ADDRESS Independence Mo.

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 20 1934

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