

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.

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Knox Primary Registration District No. 1003
 City Kansas City (No. General Hospital) St. Deloit Ward

2. FULL NAME Lee Margaret
 (a) Residence, No. Jackson County Home 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

29183

File No.

Registered No.

St. Deloit Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>No record</u>				
7. AGE YEARS <u>49</u>	MONTHS <u>—</u>	DAYS <u>—</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	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) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>John McMahon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>			
MOTHER	15. MAIDEN NAME <u>Mary Burke</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT (ADDRESS) <u>Record Clerk R. E. G. Hays</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary</u> DATE <u>8 4 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Mr. R. G. Foster</u>				
20. FILED <u>Aug. 3, 1934</u> <u>M. M. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-13 1934 to 8-2 1934
 I last saw her alive on 8-2 1934 Death is said to have occurred on the date stated above, at 1500 p. m.
 The principal cause of death and related causes of importance were as follows:
Carcinomatous
Primary Intestines
46
 Other contributory causes of importance:
Chronic Myocarditis

Name of operation 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 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) J. J. General, M. D.
 (Address) General Hospital

