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.

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

SEP 20 1934

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kitt
City Kansas City, Mo (No. Reserch Hospital, St. Ward)
Registration District No. 1002
Primary Registration District No.
File No. 29186
Registered No.

2. FULL NAME Marie McGrath
(a) Residence, No. Bellclaire, Hotel 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) Bale
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 34.
7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City Missouri

FATHER
13. NAME Robert Louis McGrath
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo.

MOTHER
15. MAIDEN NAME May Loofe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Nebr.

17. INFORMANT (ADDRESS) Mrs McGrath Bellclaire Hotel
18. BURIAL, CREMATION, OR REMOVAL Maple Hill Cem DATE 8-2 1934
19. UNDERTAKER (ADDRESS) Ketterlin 2657 Indep ave
20. FILED Aug 3, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934, to Aug 1, 1934
I last saw her alive on Aug 1, 1934. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 160P. 166b
Date of onset 7-31-34
Other contributory causes of importance: Birth Injury Brow Presentation Forceps Delivery
Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Hubert Valentine M. D.
(Address) 1124 Professional Bldg