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.

SEP 20 1934

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

Do not use this space.

29535

File No. 3954

Registered No.

1. PLACE OF DEATH
County Jackson
Township ~~Kaw~~
City Kansas City (No. St. Mary's Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1007

2. FULL NAME Margaret M. Flaherty
(a) Residence, No. 435 South Cherry St., Ward. Olathe, Kansas
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No information

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 18, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	40	~~10~~ 11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Johnson County Kansas

FATHER
13. NAME: George Caswell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mattie Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs. Mary Wissuell
(ADDRESS) Spring Hill, Kans

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Spring Hill, Kans DATE Aug 25, 1934

19. UNDERTAKER: Stine & McCleery
(ADDRESS) 3235 Gillham Place

20. FILED 8/25, 1934 M. M. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at P. m. 7:55
The principal cause of death and related causes of importance were as follows:

Hysterical Dyspnea
Chronic Myocarditis
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... 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) ..., M. D.
(Address) ...

#2

Kansas City

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
3954

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: Margaret M. Flaherty
Who died at _____ on Aug 24 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W ~~Single, married~~, widowed or ~~divorced;~~

Date of birth _____ Age: Years 40 Months 11 Days 6

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.

Ruptured pyosalpinx (Streptococci)

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: Generalized peritonitis
Streptococcic

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 C.G. LEITCH
Address of physician ST. MARY'S HOSPITAL
Signature of Registrar M. M. Crowe
Date filed 8/27/34

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.

Very truly yours,

E. T. McGaugh M.D.
S.C.

Reg. Dist. No.

Primary Reg. Dist. No.

Special Agent.

S-29535