JUN 24 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 99

Do not use this space.

16379

1. PLACE OF DEATH
County Jackson. Registration District No. 1002 File No. 5093
Township —Raw— Primary Registration District No. Registered No.
City Kansas City Mo. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Maggie Crowley
(a) Residence, No. St. Ward. Excelsior Springs Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 8 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noah Crowley.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1873

7. AGE: Years 61 Months 45 Days 17 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Mo

FATHER
13. NAME John H Trimble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Margaret Crowley
(ADDRESS) Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Excelsior Springs Mo DATE May 5 1935

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs Mo.

20. FILED 5-3 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to May 3, 1935
I last saw h. alive on May 3, 1935 Death is said to have occurred on the date stated above, at 1:05 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of Sigmoid flexure of colon	?

Other contributory causes of importance:
Intestinal obstruction to adeno-carcinoma.

Name of operation Resection of Tumor Date of May 2-1935
What test confirmed diagnosis? Operation Was there an autopsy? No

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? No
If so, specify
(Signed) Geo B. Norbry, M. D.
(Address) 646 Professional Bldg KCMo

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.