

1935 2 4 1090

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

Do not use this space.

16585

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 349
Primary Registration District No. 10150
(No. St. Lukes Hospital)

File No.
Registered No. 2036
St. Ward

2. FULL NAME Francis Mc Cartney

(a) Residence, No. Edgerton Mo. 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. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Chas Morse.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4/1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
55 8 14

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

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) Missouri

13. NAME Richard H. Mc Cartney.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Laura Spurgin.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Carolina

17. INFORMANT Dr E.D. Evans. (ADDRESS) Edgerton Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5/20/1935

19. UNDERTAKER Shell Funeral Home (ADDRESS) 6606 Independence Ave

20. FILED May 20 1935 M. M. Crowder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18/35 19

22. I HEREBY CERTIFY that I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the pancreas Date of onset

Mitral stenosis

Cholelithiasis

Other contributory causes of importance:

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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.

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