

JUL 22 1935

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. 7008
Township Kaw Primary Registration District No. 209 W. 38th St.
City Kansas City (No. 209 W. 38th St. St. Ward)

19801

File No.
Registered No.

2. FULL NAME Mrs. Margaret Dalglish Smith

(a) Residence, No. 209 W. 38th St. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank M. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 6

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) Canada

13. NAME Robert Dalglish

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Mary Kelly

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

17. INFORMANT Frank M. Smith
(ADDRESS) 209 W. 38th St. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 6/15/35, 1935

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway K. C. Mo.

20. FILED 6-14 1935 M. M. Crowl
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/35, 1935

22. I HEREBY CERTIFY that I attended deceased from to , 1935

I last saw alive on , 1935. 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 Breast Date of onset

Other contributory causes of importance: 50

Name of operation Dalyman 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 , 1935

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)

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.

