

JUL 22 1935

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

Do not use this space.

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2505

1. PLACE OF DEATH

County Jackson Registration District No. 353  
Township Kaw Primary Registration District No. 190  
City Kansas City (No. 4005 East 15th Street St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Mrs. Elizabeth McGeary

(a) Residence, No. 4005 East 15th Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25th, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 11 25

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) Ill.

13. NAME Jno. McGeary

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

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT E. G. McGeary (ADDRESS) 4005 East 15th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill. DATE 6/19/35

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 6/19 1935 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18/35 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7 1935 to June 18 1935  
I last saw him alive on June 18 1935 Death is said to have occurred on the date stated above, at 8 AM.  
The principal cause of death and related causes of importance were as follows:

Chronic Fibrous Infection Date of onset \_\_\_\_\_

Other contributory causes of importance: Myocardial Insufficiency

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) M. H. Keefe, M. D.  
(Address) 1511 Ingalls Ave. K.C. Mo.

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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BA. M J A  
1511 Myrtle

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