

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

Do not use this space.

19948

1. PLACE OF DEATH

County Jackson
Township Ross
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 5007 Euclid)

File No. _____
Registered No. 2593
St. _____ Ward _____

2. FULL NAME Mrs. Margaret Duffy

(a) Residence, No. 5007 Euclid 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 <u>Fe.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J.C. Duffy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 5rd. 1857</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>4</u>	<u>22</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>Iri.</u>				
MOTHER	13. NAME <u>James Brennan</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	15. MAIDEN NAME <u>Amie Feley</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	17. INFORMANT <u>J.C. Duffy Jr.</u> (ADDRESS) <u>2343 Benton Blvd.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cem.</u> DATE <u>6/27/35</u> 19__				
19. UNDERTAKER <u>W.F. Mayberry</u> (ADDRESS) <u>City</u>				
20. FILED <u>6/26</u> 19__ <u>W.M. M. Brown</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th. 19 35

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:30PM.

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

Chronic Bronchitis 19yr.
Exhaustion 106 4 day

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) J. J. Johnson, M. D.
(Address) 5 E 64 Street

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.

15 2 5

Dr. K. H. ...
S. E. ...

COMPASS

1882-1883

1880-1881

1881-1882

1882-1883

1883-1884

1884-1885

1885-1886

1886-1887

1887-1888

1888-1889

1889-1890

1890-1891

1891-1892

1892-1893

1893-1894

1894-1895