

JAN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Macon  
Township Narrows  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 505  
Primary Registration District No. 505A

40235

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

2. FULL NAME

Margaret O'Grady

(a) Residence, No. \_\_\_\_\_ 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 6 6

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) Ireland

13. NAME William Carcoran

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT Tom M. Grath (ADDRESS) Macon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's - Macon DATE Dec 27 1935

19. UNDERTAKER Albert Skinner (ADDRESS) Macon, Mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-24 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1935, to Dec 24 1935  
I last saw her alive on Nov 17 1935. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Tny occulitis Date of onset Nov 7

Other contributory causes of importance:

Nervous Colic 6 mos.  
Intestinal Neoplasm 2 1/2 yrs.  
Fracture femur 2 1/2 mos.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

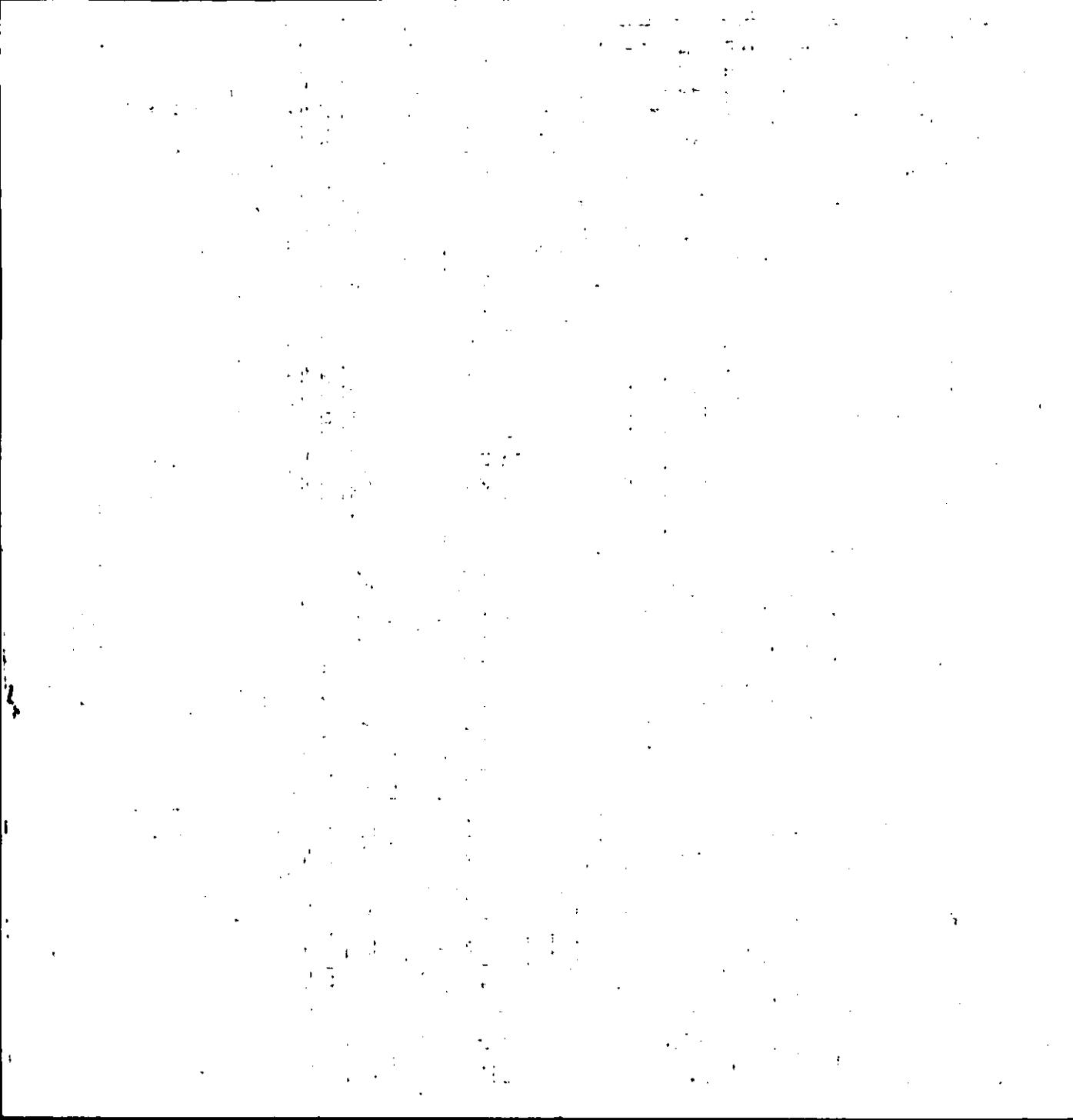
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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) Howard Miller, M. D.  
(Address) Macon Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Macou  
Township Narrows  
City..... (No. .... St. .... Ward)

Registration District No. 535  
Primary Registration District No. 5720

File No. ....  
Registered No. ....

**2. FULL NAME**

(s) Residence, No. Margaret O. Grady St. .... Ward. ....

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 6 6

OCCUPATION  
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) Illinois

FATHER  
13. NAME William D. Grady

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

MOTHER  
15. MAIDEN NAME Tom McHath

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

17. INFORMANT (ADDRESS) Macou Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Dec 27, 1935

19. UNDERTAKER (ADDRESS)

20. FILED Drucke, 1936 Gela King Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1935

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..... m.

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

Date of onset  
**INTERSTITIAL NEPHRITIS**  
**Fractured femur**

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? Accident Date of injury 7-3, 1935

Where did injury occur? Her home Gravelle R. 2, D. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury fell falling out of bed

Nature of injury fracture of femur below knee joint

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) Howard Miller, M. D.

(Address) Macou Mo.

S-40235

RECEIVED