

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.

JUN 17 1936

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

Do not use this space.

19375

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. _____
City Kansas City (No. 3525 College) St. _____ Ward _____

File No. _____
Registered No. 2326
St. _____ Ward _____

2. FULL NAME Mrs. Eleanor Scott Duggan

(a) Residence, No. 3525 College 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*) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 6 18

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) Richmond, Indiana

13. NAME John Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) John E Duggan 3525 College

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem DATE 5/7/36

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 W Linwood

20. FILED May 6 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-3- 1936, to 5-5- 1936

I last saw him alive on 6-5- 1936. Death is said to have occurred on the date stated above, at 6:10 A M

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

Bilateral pleurisy
Pneumonia
General debilitation
chronic renal disease
vascular disease

Date of onset
after
death
before
death

Other contributory causes of importance:

General debilitation
chronic renal disease
vascular disease

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 _____, 1936

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) D. H. Wyatt, M. D.

(Address) 3850 Prospect

