

JUL 28 1936

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. 398  
Township Blue Primary Registration District No. 355-4  
City Independence No. 2401 St. Norwood

File No. 22743  
Registered No. 219  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Ross Waters St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 2401 Norwood

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. (If nonresident, give city or town and State)

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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) Co. Carrigo  
Ireland

13. NAME Thomas Duffey

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

15. MAIDEN NAME Mary M. Ross

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

17. INFORMANT (ADDRESS) Mrs. Mary E. Goddard  
2401 Norwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Reston Date June 1936

19. UNDERTAKER (ADDRESS) George G. Carson  
Independence Mo

20. FILED 6-15-36 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1936

22. I HEREBY CERTIFY That I attended deceased from 2/10, 1936 to 6/11, 1936

I last saw her alive on 6/11, 1936. Death is said to have occurred on the date stated above, at 5:50 p. m.

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

Chronic Myocarditis  
" Nephritis

Date of onset

Other contributory causes of importance:

Senility

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Dr. Wm. Ross, M. D.

(Address) 10307 Independence Ave K C Mo

WHILE IN EFFECT, WITH UNCHANGING INK--THIS IS A PERMANENT RECORD

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.

