

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

Do not use this space.

NOV 16 1936

37596

**1. PLACE OF DEATH**

County Jackson  
Township         
City Kansas City, Mo. (No. St. Marys Hoop)

Registration District No. 399  
Primary Registration District No. 1002

File No.         
Registered No. 4445  
St.        Ward       

**2. FULL NAME**

(a) Residence, No. Margaret Mary White  
(Usual place of abode) 1800 Blue Ridge Blvd. Ward.       

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 Fem 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-28-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
52 6 5

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 - Scanlon

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

15. MAIDEN NAME No record

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

17. INFORMANT James White  
(ADDRESS) 1800 Blue Ridge Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys 10/5/36 19

19. UNDERTAKER (ADDRESS) Sheil Funeral Home  
6600 Independence Ave

20. FILED Oct 4, 1936 M. M. Korowe  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-10- 1936 to Oct-3- 1936

I last saw h. u alive on Oct-2- 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

myocardiosis  
nephritis - chronic  
arteriosclerotic

Date of onset

Other contributory causes of importance 131

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  
Also, specify        (Signed) Saunderland, M. D.  
(Address) 713 med state bldg

WRITE PLAINLY, WITH UNFADING 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.

