

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.

Dr. G. F. Peniston
Professional Registrar
Vic FEB 23 1937

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

Do not use this space.

1467
258

1. PLACE OF DEATH
 County..... Jackson Registration District No.
 Township..... Kaw Primary Registration District No.
 City..... K. C. (No. St. Mary's Hospital /) St. Ward

2. FULL NAME Mrs. Mercedes McDonnell
 (a) Residence, No. 5328 Park 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*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23 1909

| | | | | |
|---------------|--------------|---------------|-------------|---|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | 27 | 4 | 21 | |

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. At home

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) Kansas City Kansas

13. NAME Lee Flanagan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Girard Kansas

15. MAIDEN NAME Anna E. Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) Milo C. McDonnell 5328 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Culvry Cemetery DATE 1/18 1937

19. UNDERTAKER (ADDRESS) SHIRK & TOBIN 207 W. Linwood

20. FILED 7-16-1937 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-29- 1936, to 1-14- 1937
 I last saw her alive on 1-14- 1937 Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset: _____
1 Mo
 Other contributory causes of importance:
Eclampsia
Pregnant 7 months

Name of operation NO **Date of** _____
What test confirmed diagnosis? _____ **Was there an autopsy?** No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO **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 Hot Perforation (Signed) Geo F Peniston M. D.
 (Address) 933 Prof Bldg -

I 27044

