

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

Do not use this space.

JUL 10 1937

22792

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4420 Norledge 2 St. 1 Ward)

2. FULL NAME Mary Macdonald
 (a) Residence, No. 4420 Norledge St. 1 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.

File No. _____
 Registered No. 2638
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 64 4 12

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) Illinois

MOTHER FATHER
 13. NAME Henry Larkin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Mary Lyons
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT A. B. Macdonald
 (ADDRESS) 4420 Norledge

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE 6/16/37

19. UNDERTAKER QUIRK AND TOBIN
 (ADDRESS) 20 W. Linwood

20. FILED 6/15 37m. m. Exome
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1935 to June 14, 1937
 I last saw her alive on June 13, 1937 Death is said to have occurred on the date stated above, at 6 A m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Right Breast, Metastatic
Broncho-pneumonia
 Date of onset 50

Other contributory causes of importance:
none

Name of operation Excision Breast Date of April 1935
 What test confirmed diagnosis? Micro Was there an autopsy? no
Section

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury no, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
none

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) A. J. Exome M. D.
 (Address) Exome 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.

X9314

