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

SEP 21 1937

Do not use this space.

File No. 29748

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township NAW — Primary Registration District No. 1002

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Louisa J. Maguire

(a) Residence, No. 5629 Woodland 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Maguire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2 1874

7. AGE — Years: 63 — Months: 6 — Days: 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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, Mo

FATHER

13. NAME: James Nolan

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

MOTHER

15. MAIDEN NAME: Adelaide Monto

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

17. INFORMANT (ADDRESS): Miss Agnes Maguire, 5629 Woodland

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Marys — DATE: 8/16/37, 19

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

20. FILED 8-14, 1937 — M. M. Crowe asst, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to Aug 12, 1937

I last saw her alive on Aug 12, 1937. Death is said to have occurred on the date stated above, at 3:30 A.m.

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

	Date of onset
Carcinoma of sigmoid colon	6-36
46	

Other contributory causes of importance:

Name of operation: Exploratory — Date of: 8/20/37

What test confirmed diagnosis: autopsy — Was there an autopsy? yes

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) E. L. Petry M. D.

(Address) 300 Argyle Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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