SEP 21 1937

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

Do not use this space.

29808

File No.
Registered No.

1. PLACE OF DEATH
County Jackson
Township
City Kansas City (No. 2504 Bellefontaine St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Margaret M Creagor

(a) Residence, No. 2504 Bellefontaine 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 Fe
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 Charles Creagor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 1880

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
56	10	7	

OCCUPATION

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) Kansas

FATHER
13. NAME Jas. F Starkey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Ellen Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Charles Creagor
(ADDRESS) 2504 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug. 19, 1937

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 - Brooklyn K.C. Mo

20. FILED Aug 19, 1937 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Chronic ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
93c	

Other contributory causes of importance:

Name of operation ... Date of ...
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) C. L. Foster 4, M.D.
(Address) Dea

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.

$\frac{37}{27}$ $\frac{52}{8}$ 35 $\frac{55}{2}$

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