

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 5527 Virginia)

Registration District No. 399
Primary Registration District No. 1062

File No. 44207
Registered No. 5110
St. _____ Ward _____

2. FULL NAME Mrs. Margaret Flood

(a) Residence, No. 5527 Virginia St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Flood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1846</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>7</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Ireland</u>		
13. NAME <u>Patrick Callahan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>J. H. Jenness</u> (ADDRESS) <u>5527 Virginia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Norton, Ohio</u> DATE <u>Dec. 20, 1937</u>		
19. UNDERTAKER <u>D. W. Newcomer's Sons</u> (ADDRESS)		
20. FILED <u>Dec 20 1937</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9-1-1937, to 12-18-1937
I last saw her alive on 12-18-1937 Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Febrile Pneumonia
Date of onset 10

Other contributory causes of importance
Febrile Pneumonia

Name of operation None Date of _____
What test confirmed diagnosis Heart Exam 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? No
If so, specify _____
(Signed) D. W. Newcomer, M. D.
(Address) 1034 Walnut St. Wm.

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 CLEARLY, WITH OUTFOLDING INSTRUMENTS—THIS IS A PERMANENT RECORD

DELIN: N. ~~...~~
5736 Roadmap