

REC'D APR 17 1939

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

Do not use this space.

9590

1. PLACE OF DEATH

County... Jackson

Township... Kaw

City... Kansas City

Registration District No. 399

Primary Registration District No. 1002

(No. St. Mary's Hospital

File No.

Registered No. 1196

St. Ward)

2. FULL NAME

250 Mrs. Margaret G. McGowan

(a) Residence, No.

Ellison Hotel

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

Gus McGowan

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

February 3 1864

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

75

1

15

OCCUPATION

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)

Brookfield

Mo. @

FATHER

13. NAME

Michael Gannon

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

Ireland

MOTHER

15. MAIDEN NAME

Honorah Duffy

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

Ireland

17. INFORMANT (ADDRESS)

Miss Bess McGowan
Ellison Hotel

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brookfield, Mo. DATE Mch. 12, 1939

19. UNDERTAKER (ADDRESS)

Quirk & Tobin Company
Kansas City, Missouri

20. FILED

Mch 19 1939 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 18 1939

22. HEREBY CERTIFY, that I attended deceased from

March 18 1939, to March 18 1939

I last saw her alive on March 18 1939 Death is said

to have occurred on the date stated above, at 12:05 p.m.

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

Retroperitoneal sarcoma

Date of onset

Other contributory causes of importance:

Post operative shock

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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)

T. G. Orr M. D.
Deaga Med Bldg. KC, Mo.

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.

