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

Do not use this space.

24374

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. 399 — Registered No. 3161
City Kansas City (No. St Lukes Hospital St. Ward)

2. FULL NAME Mrs Margaret O'Meara
(a) Residence. No. 4247 South Benton St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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 Michael O'Meara

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

7. AGE: About 86. YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home 186
(b) General nature of industry, business, or establishment in which employed (or employer) 1911 108
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS
10. NAME OF FATHER Roger Cavanaugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT T J O'Meara
(Address) 4247 So Benton

15. FILED 8-13, 1927 M M Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1927

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1927, to Aug 11, 1927 that I last saw her alive on Aug 10, 1927, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Pneumonia
Lobar
Extra capsular (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Fracture of left
Femur (duration) yrs. 1½ mos. ds.
Acc Fall from bed

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) F. C. Lamar, M. D
8/12, 1927 (Address) 915 Argyle

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cincinnati Ohio — DATE OF BURIAL: 8/13/27

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 3146 Main

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.