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

Do not use this space.

File No. 9275

Registered No. 11427

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kans — Primary Registration District No.: 1002

City: K.C. Mo (No. Research Hosp St. Ward)

2. FULL NAME Mrs Mary Tobin

(a) Residence. No. 5306 Charlotte 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: wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: John Tobin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 25 1859

7. AGE: Years 68 | Months 5 | Days 4 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Independence
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Hugh Dixon

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Mary Gormally

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs George Dickey
(Address): 5306 Charlotte St

15. FILED: 3/30, 19 28 M. M. Crowe, Registrar Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 29 1928

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1928, to March 29, 1928, that I last saw h.e. alive on March 28, 1928, and that death occurred, on the date stated above, at 8 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 Pneumonia (lobar)
2 Pleurisy
3 Old Age

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Pyelitis
(duration) yrs. mos. 14 ds.

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? Clinical & lab.

(Signed) J. P. Chambers, M. D.
3/30, 1928 (Address) 800 Rialto Bldg

*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: St Marys — DATE OF BURIAL: 3/31/28 19

20. UNDERTAKER: Funk & Tobin Co — ADDRESS: City

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 WITH UNFADING INK—THIS IS A PERMANENT RECORD

1800 Rialto Bldg

Ma 0618

12:30 to 5 PM.