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

Do not use this space.
30931
3955

1. PLACE OF DEATH

County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. St Marys' Hospital St. ... Ward)

File No. ...
Registered No. ...

2. FULL NAME Mrs. Mary Cantwell

(a) Residence. No. 3027 East 8th St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Scott Cantwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 16 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	5	4	

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)
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER John McGrath
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Catherine Houlehan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT J. F. Cantwell
(Address) 1663 Belleview

15. FILED 9/21, 1929 M. M. Crow, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1929, to Sept 20, 1929, that I last saw her alive on Sept 20, 1929, and that death occurred, on the date stated above, at 5:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolus
100 H
100 B
111 A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Varicose Thrombosis of Uterine Veins. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 9-29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) John A. Billingsley, M. D.
9/20, 1929 (Address) 1805 Fed. Res. Bank 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	DATE OF BURIAL
St. Marys' Cemetery	9/23/29
20. UNDERTAKER	**ADDRESS**
Quirk & Tobin	20 Linwood

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD