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

Do not use this space.

File No. 25281

Registered No. 22802

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Grand — Primary Registration District No. 1002
City: Kansas City (No. St. Joseph's Hospital St. ..... Ward)

2. FULL NAME: Collins - Mary A
(a) Residence. No. 4334 Madison St., 7 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: Timothy J. Collins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): December 4 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	7	26	

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

9. BIRTHPLACE (CITY OR TOWN): Lexington
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Michael McDonald
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Iowa
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: Margaret Gavin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Wellington
(STATE OR COUNTRY): Missouri

14. INFORMANT: Timothy J. Collins
(Address) 4334 Madison - K.C. Mo

15. Filed July 31, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 30 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1931, 19..., to July 30, 1931, that I last saw he alive on July 29 1931, and that death occurred, on the date stated above, at 4 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pyo-nephrosis

(duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (SECONDARY): Mucoid gall-bladder with stones

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 19 1931
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) A. Welch, M. D.
(Address) 835 Rockhill

*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
Calvary Cemetery	August 3 1931
20. UNDERTAKER	**ADDRESS**
John J. Sheehan	K.C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Res 3732 Jefferson Co 3486