

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

Do not use this space.

8430

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 1009

Township Kaw

Primary Registration District No. 1002

Registered No. 1009

City Kansas City

(No. St. Marys Hospital)

St.

Ward

2. FULL NAME Mrs. Margaret Warren

(a) Residence, No. 435 West 35th St., 5 Ward.

(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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Warren</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23 1865</u> | | |
| 7. AGE | YEARS <u>66</u> | MONTHS <u>10</u> |
| | DAYS <u>16</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u> | |
| | 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) <u>Kansas</u> <u>2</u> | | |
| FATHER | 13. NAME <u>John Burke</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u> <u>5</u> | |
| | 15. MAIDEN NAME <u>Maria Cummings</u> <u>15</u> | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> | |
| | 17. INFORMANT <u>John Warren</u> (ADDRESS) <u>435 West 35th</u> | |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns Cemetery</u> DATE <u>Mar 11th 1932</u> | |
| 19. UNDERTAKER <u>Quirk & Tobin Co.</u> (ADDRESS) <u>20 W Linwood</u> | | |
| 20. FILED <u>3/10</u> 19 <u>32</u> <u>M. M. Cronin</u> <u>Regist.</u> | | |

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-26-32, to 3-9-32, 1932
I last saw him alive on 3-8-32, 1932 Death is said to have occurred on the date stated above, at 5:10 A.M.
The principal cause of death and related causes of importance were as follows:
1. Uremia
2. Dilated Pyelosis
59
133A
132B
Other contributory causes of importance:
Herobates Pileatus

Name of operation 0 Date of 0
What test confirmed diagnosis 0 Why there an autopsy? 0

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 _____ (1)

24. Was disease or injury in any way related to occupation of deceased? (0)
If so, specify _____
(Signed) W. M. Miller, M. D.
(Address) 14. Ogden

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

