

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

Do not use this space.

**1. PLACE OF DEATH**

County JACKSON Registration District No. 39908  
 Township RAW Primary Registration District No. 1008  
 City KANSAS CITY (No. 3704 EAST 25TH) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 36059  
 Registered No. 4561

**2. FULL NAME** MRS. MARGARET HOLIHAN Mc GOWAN

(a) Residence, No. 3704 EAST 25TH St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 JOHN Mc GOWAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 8 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 10 5

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) OTTAWA ILLINOIS

13. NAME JAMES HOLIHAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME MARGARET CAMPEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MR. JOHN Mc GOWAN 3704 EAST 25TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARY'S DATE OCT. 15 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.

20. FILED 10/13 1934 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1934, to Oct 13, 1934

I last saw him alive on Oct 12 9 PM, 1934. Death is said to have occurred on the date stated above, at 9:45 AM.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis Date of onset 93  
940 930  
 Other contributory causes of importance: Chronic Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify (Signed) E. A. Kelly, M. D.  
 (Address) 4022 Ashland Ave

WHILE PRINTING 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.

402. Nabash Ave

2-2:30