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.

AUG 20 1935

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

Do not use this space.

23209

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 2952
Township KAW — Primary Registration District No. 1002 — Registered No.
City KC (No. 640 E 71st TERRACE St. Ward)

2. FULL NAME DELIA DUGGAN
(a) Residence, No. 640 E 71st TERRACE St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. J. DUGGAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 25-1860
7. AGE YEARS 74 MONTHS 11 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At HOME
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) IRELAND

FATHER
13. NAME Wm DREW
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT (ADDRESS) MRS W.S. SCHOENHARD. 640 E 71st TERRACE
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St MARY'S DATE JULY 25 1935
19. UNDERTAKER (ADDRESS) DW NEWCOMER'S SONS 2111 E 9th St KCMO.
20. FILED July 24 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 23 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1935, to July 23, 1935
I last saw her alive on July 23, 1935 Death is said to have occurred on the date stated above, at 6 45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	
92 c	

Other contributory causes of importance:
arteriosclerosis, coronary occlusion, senility

Name of operation no Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Albert S. Welch, M. D.
(Address) 919 Rialto Bldg.

Rialto Bldg
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