

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.

MAR 21 1936

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

Do not use this space.

6242

1. PLACE OF DEATH

County.....Jackson..... Registration District No. 399
Township.....Kaw..... Primary Registration District No. 1002
City.....Kansas City (No. 3518 Chestnut)

File No.....
Registered No. 1065
St. _____ Ward _____

2. FULL NAME Mrs. Mary Chantron

(a) Residence, No. 3518 Chestnut St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 17, 1863</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>4</u>
		DAYS
		<u>10</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.	
	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>Galena, Illinois</u>		
FATHER	13. NAME <u>Thomas Sweeney</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Corcoran</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Norman Wakefield</u> <u>3518 Chestnut</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Feb 29, 1936</u>		
19. UNDERTAKER <u>Quirk & Tobin Co</u> (ADDRESS) <u>Linwood & Main</u>		
20. FILED <u>27 28 1936 M. M. Grow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1936 . 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1935 to Feb 25 1936
I last saw him alive on Feb 25 1936 Death is said to have occurred on the date stated above, at 11:50 P.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset unknown

Other contributory causes of importance: 97

Name of operation None Date of _____
What test confirmed diagnosis? Roady Was there an autopsy? None

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? No
If so, specify _____
(Signed) George H. Now M. D.
(Address) Waukegan, Ill.

