

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

Do not use this space.

24325

**1. PLACE OF DEATH**

County Jackson Registration District No. 100 File No.                       
Township New Primary Registration District No.                      Registered No.                       
City Kansas City (No. 3749 Highland) St.                      Word                     

**2. FULL NAME**

(a) Residence. No. 3749 Highland 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. 4 mos.                      da.                      How long in U.S., if of foreign birth? yrs.                      mos.                      da.                     

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 21 1923

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs Emma Gaffney

17. I HEREBY CERTIFY That I attended deceased from July 25 1923, to Aug 20 1923 that I last saw him alive on Aug 20 1923, and that death occurred, on the date stated above, at 37 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 - 1879

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 11 14

Pulmonary carcinoma

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Composer  
(b) General nature of industry, business, or establishment in which employed (or employer) Reed Printing Co.  
(c) Name of employer Omaha Neb

CONTRIBUTORY (SECONDARY)                     

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polo Ill.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.                     

10. NAME OF FATHER James Gaffney

3 DID AN OPERATION PRECEDE DEATH. No DATE OF                     

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt St Mary's Co.

12. MAIDEN NAME OF MOTHER Unkown

20. UNDERTAKER Eyles Bros

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

\*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. (See reverse side for additional space.)  
(Signed) Dr J Davis M. D.  
Aug 23 1923 (Address) 907 Waldheim St

14. INFORMANT Emma Gaffney  
(Address) 3749 Highland

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt St Mary's Co. DATE OF BURIAL 8/23 1923

15. FILED 8/23 1923 M.M. Crowe REGISTRAR                     

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt St Mary's Co. DATE OF BURIAL 8/23 1923  
20. UNDERTAKER Eyles Bros ADDRESS 1800 Linwood

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

