

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

Do not use this space.

17618

1. PLACE OF DEATH

County.....Buchanan..... Registration District No. **85**
Township..... Primary Registration District No. **1001**
City.....St. Joseph..... (No. **St. Joseph's Hospital**..... St. Ward)

File No.
Registered No. **660**..... St. Ward)

2. FULL NAME.....Michael Morahan.....

(a) Residence. No. **2111 Dewey Avenue**..... St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U.S., if of foreign birth? **70** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1857.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 71

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Night Watchman.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer Norton Factory.

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) England.

10. NAME OF FATHER Lawrence Morahan.

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

12. MAIDEN NAME OF MOTHER Mary Morahan.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Ireland.

14. INFORMANT Miss Bridgett Morahan.
(Address) 2111 Dewey Avenue.

15. FILED **John G. [Signature]** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) June 25, 19 27

17. I HEREBY CERTIFY, That I attended deceased from **6/16/27** to **6/25/27**, 19**27**, so that I last saw him alive on **6/25/27**, 19**27**, and that death occurred, on the date stated above, at **8:50 P.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

135
leucemia
CONTRIBUTORY (SECONDARY) **Hypertrophied Prostate**
(duration) **6** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Charles Greender**, M. D.
6/26, 19**27** (Address) **St. Joseph**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery.
DATE OF BURIAL June 27 19 27

20. UNDERTAKER **H.O. Sidenfaden**
ADDRESS 1802 Union St.

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.

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