

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

Do not use this space.

18387

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City

Registration District No. 399
Primary Registration District No. 100

File No. _____
Registered No. 2190
St. 7/3 Ward

2. FULL NAME

Hanley-Rov Martin, J.
(a) Residence No. 3110 7th Ave St. 13 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 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) April 20 = 1876

7. AGE YEARS 51 MONTHS 1 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Religious
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) La Salle Illinois
(STATE OR COUNTRY)

10. NAME OF FATHER Martin Hanley

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

12. MAIDEN NAME OF MOTHER Catherine Lynch

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

14. INFORMANT Father Overberg
(Address) 3110 7th Ave KCMo

15. FILED 6/20 27 M.M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 15 26 to June 18 27 that I last saw him alive on June 18 27 and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Neurotoxic
5957

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. J. Owens, M. D.
119, 19 27 (Address) 818 Reslts Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, specify (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

La Salle Illinois June 22 1927

20. UNDERTAKER John J. Sheehan ADDRESS K.C. Mo

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.

