

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

Do not use this space.

21588

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 100
(No. St. Joseph's Hospital)

File No. 2038
Registered No. 2038
St. Ward

2. FULL NAME Jospeh L. Hanly

(a) Residence. No. Rochambeau Hotel St. 5 Ward
(Usual place of abode) 3637 Broadway (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 2 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER John Hanly

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

12. MAIDEN NAME OF MOTHER Mary

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

14. INFORMANT C. P. Hanley
(Address) Winnethka, Ill.

15. July 26, 27 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1927 to July 23, 1927
that I last saw h. alive on July 23, 1927, and that death occurred, on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131
13213 Unknown
CONTRIBUTORY (SECONDARY) uraemia (duration) 2 yrs

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physic & Chemical signs

(Signed) R. B. Underberg M. D.
7/24, 1927 (Address) 212 B. & 18th St. J. & P. Co.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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

Forest Hill Cemetery 7/26 1927
20. UNDERTAKER ADDRESS

Stine & McClure 924 Oak

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.

31st & Prospect.