

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

Do not use this space.

27226

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 5301 Cleveland)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3485
St. _____ Ward _____

2. FULL NAME

William Patrick Cahill

(a) Residence. No. 5301 Cleveland 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. 16 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Wh 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) July 16th 1927

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
1 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) K.C. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John J. Cahill

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

12. MAIDEN NAME OF MOTHER Mary McMahon

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

14. INFORMANT John J. Cahill
(Address) 5301 Cleveland

15. FILED 9/12 27 M.M. Crowe
19____ REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11th 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1927, to Sept 11, 1927, that I last saw him alive on Sept 11, 1927, and that death occurred, on the date stated above, at 2:30 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
11.5A
89A
36 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Staphylococci from throat & etc (duration) yrs. mos. 4 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? Clinical
(Signed) Steph. P. Stalls, M. D.
11, 1927 (Address) 844 Lehigh Bldg

*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 Mt. St. Mary's DATE OF BURIAL Sept 12th 1927

20. UNDERTAKER Quirk & Tobin Co ADDRESS City

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.

PERMANENT RECORD

