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

Do not use this space.

32756

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1157

City St. Joseph, (No. Byrd Sanitarium St. Ward)

2. FULL NAME Jerry Cadagan

(a) Residence. No. St., Ward. King City, MO.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March. I. 1840.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	87	8	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R R Section Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) C B & Q R R

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT T. J. Cadagan
(Address) King City, MO.

15. FILED NOV 9 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) November. 9. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1927, to Nov 9th, 1927 that I last saw him alive on Nov 9th, 1927, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

101 A

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Dyatitis (duration) yrs. mos. 5 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) C. D. Byrd M. D

11/9, 1927 (Address) Karnes Road

*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 Pleasant, Iowa.

DATE OF BURIAL Nov. II. 1927

20. UNDERTAKER H. O. Siderfaden

ADDRESS 1802 Union Str.

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.

... IS A PERMANENT RECORD