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

Do not use this space.
1338

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1007
City Kansas City (No. St. Mary's Hospital St. Ward)
File No. 2
Registered No.

2. FULL NAME Dennis Mahoney
(a) Residence. No. 1203 Union Ave. 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. 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1848

7. AGE: Years 79 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Flagman--Missouri
(b) General nature of industry, business, or establishment in which employed (or employer): Pacific R. R.
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Mike Mahoney
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs J. T. McArdle
(Address) 3716 Jefferson

15. FILED Jan 26, 1928 W. M. Conner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26, 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Jan 26, 1928, that I last saw h. alive on Jan 26, 1928, and that death occurred, on the date stated above, at 10:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 (a) Myocardial Failure
(b)
(c)
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Pyelonephritis - right kidney
Nephrolithiasis (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1203 Union ave
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy findings
(Signed) J. E. Carlen, M. D
Jan 26, 1928 (Address) 1001 Chambers 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: St. Marys
DATE OF BURIAL: 1/28/1928

20. UNDERTAKER: Quirk & Tobin Co--20 West Linwood
ADDRESS

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.