

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Hass
City Kansas City

Registration District No. _____
Primary Registration District No. _____
No. 3925 7 Tara Ave

File No. _____
Registered No. 54957
St. 13 Ward

2. FULL NAME

(a) Residence No. 3314 Walnut 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 24, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 _____ _____ 1

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER William Bark

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

12. MAIDEN NAME OF MOTHER Miss Stroka

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

14. INFORMANT Thomas J. Murphy
(Address) 3925 7th Kansas City Missouri

15. 3-25-28 M M Crowe
Filed _____ 1928 _____ REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 25, 1928

I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1928 to Feb. 25, 1928 that I last saw him alive on Feb. 24, 1928, and that death occurred, on the date stated above, at 5 Tara Ave m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
150 B (duration) 2 yrs. mos. da.
CONTRIBUTORY Acute Enter. Colitis
(SECONDARY) (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 150 B

IF NOT AT PLACE OF DEATH: _____

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Dr. Will C. Fay Starnes, M. D.

25, 1928 (Address) 634 2nd 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 DATE OF BURIAL

St. Marys Cemetery 2-27 1928

20. UNDERTAKER

John J. Sheehan

ADDRESS

K.C. Mo

WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr. J. C. Van Stavern
634 Lee Building = Vic 5688