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

Do not use this space.

13288

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 13288
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K.C. (No. St Marys Hosp St. Ward)

2. FULL NAME John T. Corrigan
(a) Residence. No. 5315 Charlotte St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 51 yrs. — mos. 28 ds. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 10th 1877

7. AGE: Years 51 — Months — Days 28 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Bernard Corrigan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canada
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Shannon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Clara Corrigan
(Address) 5315 Charlotte St

15. FILED 4/10, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/8/28 19

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1927, to Apr 8, 1928, that I last saw him alive on April 6, 1928, and that death occurred, on the date stated above, at 1:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis and Chronic Nephritis (duration) 5 yrs. mos. 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 & Laboratory
(Signed) Harry L. Jones, M. D
4/9, 1928 (Address) 602 Argyle - K.C. Mo

*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 Cem — DATE OF BURIAL: 4/11/28 19

20. UNDERTAKER: W. F. Mayberry & 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.