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

Do not use this space.

17221

1. PLACE OF DEATH

County: Jackson — Registration District No.: 395 — File No.:

Township: Kaw — Primary Registration District No.: 1007 — Registered No.:

City: Kansas City (No. 5117 Walnut St St. Ward)

2. FULL NAME Edward L Doherty

(a) Residence. No. 5117 Walnut 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. 8 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Johanna Doherty

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 22, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	24	

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

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

PARENTS

10. NAME OF FATHER Edward Doherty

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

12. MAIDEN NAME OF MOTHER Mary Slattery

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

14. INFORMANT Paul M Doherty
(Address) 5117 Walnut St

15. FILED 5/18, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to May 16, 1928, that I last saw h. alive on May 16, 1928, and that death occurred, on the date stated above, at 3:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D.
4-18, 1928 (Address) 336 Lathrop 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: Calvary — DATE OF BURIAL: 5/19/28

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

WRITING INK--THIS IS A PERMANENT RECORD. 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. REGISTRARS SHOULD NOT ACCEPT CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County .... Registration District No. 399 File No. ....

Township .... Primary Registration District No. 1002 Registered No. 2193

City K. City (No. .... St. .... Ward)

2. FULL NAME Edward L. Doherty

(a) Residence. No. .... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	M

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

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

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

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

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

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .... (Address)

15. FILED 5/18, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ...., 19.... to ...., 19...., that I last saw h.... alive on ...., 19...., and that death occurred, on the date stated above, at .... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Paralysis [illegible]

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis

(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ....

DID AN OPERATION PRECEDE DEATH? .... DATE OF ....

WAS THERE AN AUTOPSY? ....

WHAT TEST CONFIRMED DIAGNOSIS? ....

(Signed) ...., M. D

, 19 (Address)

750

*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
	19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

5-17221