

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

Do not use this space.

20907

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township East Primary Registration District No. 1007 Registered No. 2790
 City Kansas City, Mo. St. Vincents Hosp. St. _____ Ward _____

2. FULL NAME

John P. Mullane, Jr.
 (a) Residence No. 558 Stonewall Ch. Ward 0
 (Usual place of abode)

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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26, 1928

7. AGE YEARS MONTHS DAYS H LESS than 1 day, _____ hrs. or _____ min.
3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER John P. Mullane

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

12. MAIDEN NAME OF MOTHER Heleen Prerog

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City, Mo.
 (STATE OR COUNTRY)

14. INFORMANT John P. Mullane
 (Address) 558 Stonewall Ch.

15. FILED 29 28 M.M. Asse
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29, 1928

17. I HEREBY CERTIFY That I attended deceased from June 26 1928, to June 29 1928 that I last saw him alive on June 29 1928, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

intelectasia
159
161A / 61A
158 (duration) yrs. mos. 3 da.
 CONTRIBUTORY Fracture (probably
 (SECONDARY) fracture) (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

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

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) ACR, M. D.

(Address) 1108 Ricks

*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

Int. Washington 6-30 1928

20. UNDERTAKER ADDRESS

Dr. Newcomer's KC, Mo.

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.

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1108-1081- ()
2:30 5-