

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

Do not use this space.

30585

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw. Primary Registration District No. _____
City Kansas City (No. 389 N. Elmwood) _____ St. _____ Ward _____

File No. _____
Registered No. 2235
St. _____ Ward _____

2. FULL NAME

James C. Monaghan
(a) Residence. No. 309 N. Elmwood St., 10 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 7 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF James C. Monaghan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 8 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired 908
(b) General nature of industry, business, or establishment in which employed (or employer) 977
(c) Name of employer 95A

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

Wiley Browne

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Rosa Roland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Mr. Chas. E. Hanchey
(Address) 309 N. Elmwood

15.

FILED 9/17 1928 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 16 1928 to Sept 16 1928
that I last saw h. alive on Sept 16 1928, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart-block Peri-carditis -
Arterio-sclerosis
(duration) 2 yrs. 1 mo. 1 ds.

CONTRIBUTORY (SECONDARY)

(duration) 2 yrs. 1 mo. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ✓

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) D. W. Martin, M. D.
9/17, 1928 (Address) 6700 Wash Ph Blvd

*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

Stanley Kan. Sept. 18 19 28

20. UNDERTAKER

ADDRESS

Ed H. Blackman City Mo

WRITE PLAINLY, 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.

