

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.

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

Do not use this space.

1524

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township CaroPrimary Registration District No. 1002City Kansas City (No. 535 Main)File No. 113Registered No. 113St. Ward2. FULL NAME Harry Calihan(a) Residence No. 555 MainSt. 1

Ward.

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26, 1873

7. AGE

YEARS 55MONTHS 11DAYS 13If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bisleville(STATE OR COUNTRY) Ohio10. NAME OF FATHER William Calihan

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bisleville(STATE OR COUNTRY) Ohio12. MAIDEN NAME OF MOTHER Adeline Johnson13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bisleville(STATE OR COUNTRY) Ohio

14.

INFORMANT Earl Calihan
(Address) 555 Main St. K.C. Mo

15.

FILED 1-10-1929M. M. Cronk
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1929

17.

I HEREBY CERTIFY, that I attended deceased from

, 19, to

, 19

that I last saw him alive on, 19, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

Asphyxia

CONTRIBUTORY (SECONDARY)

(duration)

yrs.

mos.

da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OFWAS THERE AN AUTOPSY? YesWHAT TEST CONFIRMED DEATH? Autopsy(Signed) Stanley M. Hall

M. D.

1/9, 1929 (Address) Deputy Coroner

*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

Burlingame, Kans.1-10 1929

20. UNDERTAKER

ADDRESS

A. SeibetoCity.

