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

Do not use this space.

1684

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.

1. PLACE OF DEATH
County Jackson Registration District No. File No.
Township Kaw Primary Registration District No. Registered No. 275
City K C Mo (No. St Marys Hospital St. Ward)

2. FULL NAME Edward C. Maher

(a) Residence. No. 1225 E 11 St. 24 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. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male — 4. COLOR OR RACE Wh — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 18 1929
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Maher	17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1929, to Jan 18 1929 that I last saw him alive on Jan 18 1929, and that death occurred, on the date stated above, at 2 30 P m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 - 1881	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE Years 47 Months 0 Days 23 If LESS than 1 day, ...hrs. or ......min.	Chronic endocarditis (Staphylococcic) Mitral stenosis and regurgitation and aortic disease (duration) yrs. mos. ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Pressman 92 (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 900
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ire	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
10. NAME OF FATHER Jerry Maher	DID AN OPERATION PRECEDE DEATH? no DATE OF —
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ire	WAS THERE AN AUTOPSY? yes
12. MAIDEN NAME OF MOTHER Margaret	WHAT TEST CONFIRMED DIAGNOSIS? autopsy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wash	(Signed) W. H. Jones M.D. Jan 19, 1929 (Address) 1019 Argyle Bldg 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.
14. INFORMANT Mrs Effie Maher (Address) 1225 E 11th St.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill — DATE OF BURIAL Jan 20 1929
15. FILED 1/19 1929 M McGuire Asst REGISTRAR	20. UNDERTAKER Mrs. C. L. Foster — ADDRESS K. C. Mo.

85
2
2
31

St Mary.

1019 Argyle vic. 4 8 75

2 30 5