

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.

1894

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Joseph's Hospital)

File No. 487
Registered No. 487
St. 7 Ward

2. FULL NAME Daniel J Callahan

(a) Residence. No. 811 West 45th St. 7 Ward
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. 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) Aug 17 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
18 5 13 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Paper Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) Journal-Post
(c) Name of employer

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

10. NAME OF FATHER Daniel Callahan

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

12. MAIDEN NAME OF MOTHER Delia Morgan

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

14. INFORMANT Daniel Callahan
(Address) 811 West 45th

15. FILED 1-31-29 M M Loucks REGISTRAR
Clark

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Jan 30, 1929, that I last saw him alive on Jan 30, 1929, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

56 91H Endocarditis, Acute
(duration) yrs. mos. da. 10

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. da. 20

18. WHERE WAS DISEASE CONTRACTED 51
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? 8 DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? John O. Spencer, M.D.
(Signed) 1/31, 1929 (Address) K. G. 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery DATE OF BURIAL 2/2/29

20. UNDERTAKER Quirk & Tobin Co.--20 W Linwood ADDRESS

