

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. State Hospital #2.) St. _____ Ward _____

File No. 9666
 Registered No. 373

2. FULL NAME

Richard Kilroy Richard Kilroy
 (a) Residence. No. _____ St., _____ Ward, _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. 6 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
45 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Richard Kilroy
 (Address) 304 Wackerly Bldg. U.P. Mo.

15. FILED 19 1929 J. M. G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1928, to March 19, 1929 that I last saw him alive on March 18, 1929, and that death occurred, on the date stated above, at 945 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Neural Paralysis of Throat
93
24 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilis
 (duration) yrs. mos. 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? Clinical & Laboratory
 (Signed) J. P. Beach, M. D.
3/19/1929 (address) State Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City, Missouri DATE OF BURIAL Mar, 21, 1929

20. UNDERTAKER Walter Meierhoffer ADDRESS 1302 Faraon St.

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.

23 1929

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MAR 19 1929

