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

85

Do not use this space.

13951

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001

Township ... Primary Registration District No. ...

City St. Joseph (No. St. St. Josephs Hospital St. Ward)

File No. ...

Registered No. 533

2. FULL NAME Timothy Meagher.

(a) Residence. No. ... St., ... Ward. Cameron Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	71	9	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Martin Meagher

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

12. MAIDEN NAME OF MOTHER Helen Hogan

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

14. INFORMANT J. W. Poland
(Address) Cameron Mo.

15. FILED APR 22 1929 John G. Utz REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1929

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1929, to Apr 20, 1929, that I last saw him alive on Apr 20, 1929, and that death occurred, on the date stated above, at 9-35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Bronchial

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage 6 wks. arteriosclerosis several years.

(duration) ... yrs. ... mos. ... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. H. Fuson, M. D.

Apr. 21. 1929 (Address) St. Joseph 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	DATE OF BURIAL
Cameron Mo	Apr. 23 1929
20. UNDERTAKER	ADDRESS
H. O. Siebenfaden	1802 Union St.

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.