

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.

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

Do not use this space.

21570
2709

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Josephs' Hospital St. _____ Ward)

2. FULL NAME Edward V Coughlin

(a) Residence. No. 4202 Norledge Place St. 10 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) March 28 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 2 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School-Student
(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) Missouri

10. NAME OF FATHER John M Coughlin

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

12. MAIDEN NAME OF MOTHER Helen Carmody

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

14. INFORMANT John M Coughlin
(Address) 4202 Norledge Pl

15. FILED 6/18 1929 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1929

17. I HEREBY CERTIFY, That I attended deceased from June 12 1929, to 6-17-1929
that I last saw him alive on 6-17-1929 and that death occurred, on the date stated above, at 10:35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis
89 B
77 B (duration) yrs. mos. 4 ds.
CONTRIBUTOR Acute Meningitis
(SECONDARY) (duration) yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
(INDICATE PLACE OF DEATH) St Josephs' Hosp

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) [Signature] M. D.
6/17 1929 (Address) 336 Yalbi

*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 Marys' Cemetery DATE OF BURIAL 6/19/29 19

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

