

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

Do not use this space.
24605
3016

1. PLACE OF DEATH
 County Jackson Registration District No. 1002
 Township Stam Primary Registration District No. _____
 City Kansas City (No. St Marys Hosp) St. _____ Ward _____

2. FULL NAME Timothy O'Hearn
 (a) Residence. No. 10 East 34th St. 5 Ward. _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 3 yrs. mos. _____ ds. _____
 How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
 4. COLOR OR RACE wh
 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) April 22nd 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>2</u>	<u>17</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Contractor
 (b) General nature of industry, business, or establishment in which employed (or employer). Railroad
 (c) Name of employer _____

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

10. NAME OF FATHER Edw O'Hearn

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

12. MAIDEN NAME OF MOTHER Mary Magher

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

14. INFORMANT Katharine O'Hearn
 (Address) 10 East 34th St

15. FILED 7/10/29 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/9/29 1929

17. I HEREBY CERTIFY, That I attended deceased from June _____
July 8, 1929, to July 8, 1929,
 that I last saw him alive on July 8, 1929, and that
 death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
138
Chronic (Lobes)
1002
9510
 (duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY Acute Edema of Heart
 (SECONDARY)
Myocarditis; Chronic
 (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? _____
 (Signed) James E. Taylor, M. D.
7/9/29 (Address) Jefferson Bldg. C. 2nd
 *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 <u>St Marys Cem</u>	DATE OF BURIAL <u>7/12/29</u> 19 <u>29</u>
20. UNDERTAKER <u>W. F. Mayberry Co</u>	ADDRESS <u>City</u>

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.

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9
2
15

1342 Tel Bldg
Via 3776

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