

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.

24804

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. 519)

Registration District No. 309Primary Registration District No. 3002

File No. _____

Registered No. 02115

St. _____

Ward) _____

2. FULL NAME

(a) Residence. No. 519 Woodland Ave Ward. 9
(Usual place of abode)

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

John Doohan

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

Dec 25-1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

66629

8. OCCUPATION OF DECEASED

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

At home

(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)

St. Claire
Ireland

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Claire
Ireland

12. MAIDEN NAME OF MOTHER

Katharine McMahon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Claire
Ireland

14.

INFORMANT

(Address)

John Doohan
519 Woodland Ave

15.

FILED

7/26, 19____M. M. Crowe
over

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 24- 1929

17.

I HEREBY CERTIFY, That I attended deceased from July 21, 1929, to July 24, 1929
that I last saw him alive on July 21, 1929, and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

hypostatic lobar pneumonia

CONTRIBUTORY (SECONDARY)

1980 D Hemiplegia - (left)
1000 D Rheumatoid

18. WHERE WAS DISEASE CONTRACTED

at home

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.(Signed) Frederic H. Ferguson M. D.
7/26, 1929 (Address) 605 Bryant Bldg.
1810 W. 45th St.

*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

St. Marys Cm. July 27- 1929

20. UNDERTAKER

ADDRESS

Daniel Bros 644 Kansas

10-15-1910. Bryn Mawr
603. Bryant College
1102 Grand
12, 1 0