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

Do not use this space.

33946

399

File No. 1 4899

Registered No. 1899

1. PLACE OF DEATH

County: Jackson — Registration District No.

Township: Kaw — Primary Registration District No. 2002

City: Kansas City Mo. (No. Home for Aged 53 & Highland St. Ward)

2. FULL NAME Malachy Harvey

(a) Residence. No. 53 & Highland av. St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1853			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Malachy Harvey

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

12. MAIDEN NAME OF MOTHER Bridget Maloy

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

14. INFORMANT Little Sisters of the Poor
(Address) 53 & Highland av.

15. FILED 10/25, 1929 M. McCrone
Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 24, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1929, to Oct. 24, 1929 that I last saw him alive on Oct. 21, 1929, and that death occurred, on the date stated above, at 9-50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C Carcinoma Stomach
97 Several
59B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatism
Several
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Rourke, M. D.
10/25, 1929 (Address) 336 Tracy

*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 Mary's — DATE OF BURIAL 10-28 1929

20. UNDERTAKER Leavitt & Tobin — ADDRESS Linwood & Main

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.