

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

Do not use this space.

37071

**1. PLACE OF DEATH**

County Jackson Registration District No. 3  
 Township Law Primary Registration District No. 100  
 City Kansas (No. 100 St. 100 Ward)

**2. FULL NAME**

Jno W Dalohery  
 (a) Residence No. 3000 E 32<sup>nd</sup> St. St. 11 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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) Mar 20<sup>th</sup> 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
20 7 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Artist  
 (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) Ill

10. NAME OF FATHER Alfred Dalohery

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kan.

12. MAIDEN NAME OF MOTHER Margaret Monahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill

14. INFORMANT Alicia Dalohery

(Address) 3000 E 32<sup>nd</sup> St

15. FILED 11/4, 19 29 M. M. Crowe

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/3/29 19

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 12 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS**

Accidental gunshot wound to head

**CONTRIBUTORY (SECONDARY)**

cleaning gun - himself (duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 3 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Alvin Garbrough, M. D.

11/3, 19 29 (Address) Kan City

\*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 Cem

11/5/29 19

**20. UNDERTAKER**

ADDRESS

W. F. Mayberry, Kan City, Mo

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.

