

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

Do not use this space.

39783

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St Joseph (No. _____ State Hospital #2. _____ St. _____ Ward _____)

2. FULL NAME James Cahill (James Cahill)
(a) Residence. No. St Joseph # 7 St. Jeff Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. _____
Registered No. 1463
St. _____ Ward _____

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) - About 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>		<u>Unknown</u>	

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

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

10. NAME OF FATHER Patrick Cahill

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

12. MAIDEN NAME OF MOTHER Mary Moran

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

14. INFORMANT State Hosp # 2 records
(Address) St Joseph

15. FILED DEC 26 1929
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to Dec 25, 1929, that I last saw him alive on Dec 25, 1929, and that death occurred, on the date stated above, at 5:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
827
arteriosclerosis
(SECONDARY) (duration) yrs. 10 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) D. [Signature] M. D.
Box 1163
St Joseph Mo

*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 Kansas City, Missouri DATE OF BURIAL Dec, 27, 1929

20. UNDERTAKER Walter Meinhoff 1302 Faraon St.

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2.

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.

MARGIN RESERVED FOR BINDING

