

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

Do not use this space.

40957

**1. PLACE OF DEATH**

County Franklin  
Township Kearney  
City Kansas City (No. 5308)

Registration District No. 399

Primary Registration District No. 1002

File No. 5305

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Patrick Larkin  
(a) Residence. No. 5308 Tracy St. 15 Ward \_\_\_\_\_

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs Katherine Larkin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 - 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 7 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Switch Foreman  
(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) Ireland

10. NAME OF FATHER Henry Larkin

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

12. MAIDEN NAME OF MOTHER Mary Lyons

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

14. INFORMANT George Burns

(Address) Kansas City Missouri

15. FILED 12/28/29 M. M. Crame REGISTRAR  
asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 23 Sept. 1929, to Dec. 26 1929, and that I last saw him alive on 26 Dec. 1929, and that death occurred, on the date stated above, at 8 P. M.

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

Cancer Liver  
45E  
97 (duration) 1 yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Atherosclerosis (duration) ? yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? not open

WHAT TEST CONFIRMED DIAGNOSIS? clinical, xray  
(Signed) Donald K Black, M. D.  
12/26, 1929 (Address) 745 S. 4th St. Bldg.

\*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 West Mary Cemetery DATE OF BURIAL Dec 30 1929

20. UNDERTAKER John J. Brennan ADDRESS K. C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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• Dr Donald R. Black  
743 Lathrop = Victor 8481.