

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

Do not use this space.

8950

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Wasson Primary Registration District No. 1002
 City Kansas City (No. 4542) Belleview

File No. _____
 Registered No. 1330
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. 4542 Belleview St. _____ Ward 7
 (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 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) Aug 3, 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>29</u>	<u>9</u>	<u>22</u>	

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) A. C. MO
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Deighan

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

12. MAIDEN NAME OF MOTHER Mrs. Phelan

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

14. INFORMANT Joseph Deighan
 (Address) 4542 Belleview

15. FILED 3/30 1930 M. M. Brown
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1930

17. I HEREBY CERTIFY, That I attended deceased from 2 PM March 1930, to 2:50 March 1930, that I last saw him alive on 3/25, 1930, and that death occurred, on the date stated above, at 2:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis
91A
8 1/2 (duration) yrs. mos. 12 ds.
 CONTRIBUTORY (SECONDARY) Pulmonary Edema
 (duration) yrs. mos. 1 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. A. Boorman M. D.
3/26 1930 (Address) 638 Lathrop 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 Mt. St. Marys Cem DATE OF BURIAL 3/27 1930

20. UNDERTAKER T. Donnell Co ADDRESS 3256 Broadway

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

