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.

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

Do not use this space.

8980

1. PLACE OF DEATH
County Jackson — Registration District No. 39 — File No.
Township Kaw — Primary Registration District No. 1000 — Registered No. 1360
City K.C. (No. St Joseph Hosp St. Ward)

2. FULL NAME Dan'l O'Byrne
(a) Residence. No. 3824 E 9th st St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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)
M	wh	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Margaret O'Byrne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11th 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	2	15	

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

9. BIRTHPLACE (CITY OR TOWN) St Joe
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Michael O'Byrne
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Catherine Sweeney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Catherine O'Byrne
(Address) 3824 E 9th st

15. FILED 3/27 1930 M M. Crowe REGISTRAR Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/26/30 19

17. I HEREBY CERTIFY, That I attended deceased from March 8 1930, to March 25, 1930 that I last saw him alive on March 25 1930, and that death occurred, on the date stated above, at 8 35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
92A
92C
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Valvular disease of heart (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 110 So. Wheeling
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. Connelly Anderson M.D.
3-27, 1930 (Address) 6520 Indep. Ave

*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	3/29/30 19

20. UNDERTAKER	ADDRESS
W. F. Mayberry	Kans City, Mo

[illegible]
6520 [illegible] ave
Be 0756