

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

Do not use this space.

22891

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

399

Registration District No.
Primary Registration District No. 1002
(No. 3335 Flora)

File No. 2209
Registered No. 2209
St. Ward)

2. FULL NAME Patrick Sheedy

(a) Residence. No. 3335 Flora St. 13 Ward.
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Sheedy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1854

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

76 6 10 131 93

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Water Dept

(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) New York

10. NAME OF FATHER Dennis Sheedy

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Dennis Sheedy (Address) 3335 Flora

15. FILED 7/13/30 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930

17. I HEREBY CERTIFY, That I attended deceased from 4 1 1928, to 7 11 1930, that I last saw him alive on 7 11 1930, and that death occurred, on the date stated above, at 7 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bright's
Chronic myocarditis
C (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical findings
(Signed) V. J. ... M. D.

713 . 190 (Address) 410 Ogden 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 Calvary Cemetery DATE OF BURIAL 7/14/30

20. UNDERTAKER Quirk & Tobin--20 W Linwood ADDRESS

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.

Dr J. S. Bourne