

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

Do not use this space.

39606

1. PLACE OF DEATH

County Jackson
Township Kays
City Kansas City, Mo (No. 1441)

Registration District No. _____
Primary Registration District No. 993

File No. _____
Registered No. 5120
St. _____ Ward) _____

2. FULL NAME

Patrick J. Sheehan

(a) Residence. No. 1441 Jefferson St. Kansas City Ward Mo
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Sheehan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>1</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Watchman
(b) General nature of industry, business, or establishment in which employed (or employer). Detention Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Keokuk, Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER Stephen Sheehan

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

12. MAIDEN NAME OF MOTHER Catherine Braughan

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

14. INFORMANT Catherine Sheehan
(Address) 1441 Jefferson K.C. Mo

15. FILED 12/25/30 M.M. Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1930, to Dec 23, 1930, that I last saw him alive on Dec 23, 1930, and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

827 Cerebral Hemorrhage
97 111B / 4-1
(duration) _____ yrs. mos. ds.

CONTRIBUTORY Hypertension, arterio sclerosis
(SECONDARY)
Terminal pulmonary edema (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS BP 230 Paralys.
(Signed) Ed. Prelon, M. D.

(Address) 4400 Eaton K.C. 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 St. Mary's DATE OF BURIAL 12-26 1930

20. UNDERTAKER Jos. A. Butler & Son ADDRESS Kansas City 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.

