

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 2628 State street)

File No. 8847

Registered No. 275

St. Ward)

2. FULL NAME Patrick Joseph Byrne

(a) Residence. No. 2628 State street St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 0 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Winifred Byrne (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 3, 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

4

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Hardware Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Pittsburg

(STATE OR COUNTRY) Penn.

10. NAME OF FATHER Thomas B. Byrne

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Jennie Easton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. R. H. O'Brien

(Address) 2628 State St. - St. Joseph Mo.

15. FILED 1931 19 John R. Bender REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15, 1931

17. I HEREBY CERTIFY, That I attended deceased from Viewed on

....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

927
97 (duration) 5 yrs. mos. ds.

CONTRIBUTORY Arterio Sclerosis (SECONDARY)

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) B. W. Tadesch Coroner, M. D.

Mar. 16 1931 (Address) 821 Francis

*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

CHAPMAN KANSAS

DATE OF BURIAL

Mar. 17 1931

20. UNDERTAKER

H. O. Widener

ADDRESS

1802 Union St.

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.

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MAR 21 1931

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MAR 19 1931

