

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

Do not use this space.

17878

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kan Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Northwestern Hotel) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2006  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William J. Treelish  
 (a) Residence No. 7916 Englewood St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Chicago, Ill. (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lena Treelish  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 1865  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 4 5

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1931  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 the last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary sclerosis  
94 (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 94 (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lavenworth  
 (STATE OR COUNTRY) Kansas

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes

10. NAME OF FATHER John Treelish

WHAT TEST CONFIRMED DIAGNOSIS autopsy  
 (Signed) Stanley M. Hall, M. D.  
 1931 (Address) Deputy Coroner

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

12. MAIDEN NAME OF MOTHER Catherine

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

14. INFORMANT Harry A. Miller  
 (Address) Northwestern Hotel

\*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.

15. FILED 5/1, 1931 M. M. Crowe  
 REGISTRAR Assoc

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lavenworth Mo. DATE OF BURIAL 5/4/31  
 20. UMBERTAKER John R. Tober ADDRESS 331 Main

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.

