

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

Do not use this space.

28212

File No. _____
Registered No. 28212
St. _____ Ward _____

1. PLACE OF DEATH
County JACKSON Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 6325 Baltimore Ave.) St. _____ Ward _____

2. FULL NAME Michael W. DRANEY
(a) Residence, No. 6325 Baltimore Ave. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 47 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 Draney
*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 9 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Hide Insp'tr.
(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) Canada

10. NAME OF FATHER Hugh Draney

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

12. MAIDEN NAME OF MOTHER Margaret Connelly

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

14. INFORMANT Mrs. L. E. Capen (Daughter)
(Address) 6325 Baltimore Ave., K.C.Mo.

15. FILED 9/4/31 M.M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 3 rd, 1931.

17. I HEREBY CERTIFY, That I attended deceased from Aug 28 to Aug 3, 1931
that I last saw him alive on Aug 3, 1931, and that death occurred, on the date stated above, 3:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. nephritis

131
10912
..... (duration) 3 yrs. _____ mos. _____ ds.
CONTRIBUTORY Broncho pneumonia
(SECONDARY) (duration) _____ yrs. _____ mos. 4 ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical symptoms
(Signed) Thos L Draney, M. D.
Aug 4, 1931 (Address) 910 Argyle 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 Cabway Cemetery DATE OF BURIAL 8/5/31 1931

20. UNDERTAKER Melody McGilley Fu. Home ADDRESS K.C.Mo.

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

