A J Welch
Realto Bldg

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

Do not use this space.

26248

File No. 3156
Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. St. Josephs' Hospital St. Ward)

2. FULL NAME Maurice J Casey
(a) Residence, No. 1207 Jefferson St., 1 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 1902
7. AGE: YEARS 30 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist 61
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri 1

FATHER
13. NAME Patrick Casey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER
15. MAIDEN NAME Anne Barry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT (ADDRESS) Mrs Anne Casey 1207 Jefferson
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE 8/17/32, 19
19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood
20. FILED Aug 16, 1932 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932, to Aug 14, 1932
I last saw him alive on Aug 14, 1932 Death is said to have occurred on the date stated above, at 11:35 A M
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Suppurative Apendicitis | Aug 6, 32 |

Other contributory causes of importance:

Name of operation Appendectomy Date of Aug 10 32
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A J Welch, M. D.
(Address) 835 Realto

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.