

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

Do not use this space.

35877

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township 1st Primary Registration District No. _____
City Kansas City (No. 12) General Hosp St. _____ Ward _____

File No. _____
Registered No. 4387
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Puritan Hotel St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 / 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 2 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo

FATHER 13. NAME John Mahaffey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER 15. MAIDEN NAME Dollie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Glenswood Mo DATE 11-23-32

19. UNDERTAKER (ADDRESS) J. G. Pro

20. FILED Nov 22 1932 M. M. Coran

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21-32

22. I HEREBY CERTIFY, That I attended deceased from 11-16-32 to 11-21-32, 1932

I last saw him alive on 11-21-32 Death is said to have occurred on the date stated above, at 3:38 a.m.

The principal cause of death and related causes of importance were as follows:

Confluent Broncho-pneumonia Date of onset _____

Other contributory causes of importance: 107A / 107W

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? If so, specify _____

(Signed) J. G. Pro M. D.
(Address) 1212 E. 21st St. 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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

