

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

Do not use this space.

39605

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 239)

Registration District No. 399
Primary Registration District No. 1002

File No. 4608
Registered No. 4608
Ward

2. FULL NAME

(a) Residence, No. 739 Cherry St., Ward.

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 80 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Ret

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Sam J. Sundiff 739 Cherry St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's 12/7/32

19. UNDERTAKER (ADDRESS) W. J. Kelly, M. D. Co. Kansas City Mo.

20. FILED Dec 6 3 30 p.m. 1932 Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5/32 .19

22. I HEREBY CERTIFY, That I attended deceased from 12/3 1932 to 12/5/32 1932

I last saw him alive on 12/5/32 1932 Death is said

to have occurred on the date stated above, at 8:45 a.m.

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

Hypostatic Pneumonia
Chronic Myocarditis with myocardial failure
Paraplegia
Other contributory causes of importance:
930
820
930
Date of onset

Name of operation none Date of none

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 1932

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Klayton M. D.

(Address) 1103 Grand

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.

