

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.

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

Do not use this space.

39665
4671

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. 1207 Jefferson) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Patrick Casey

(a) Residence, No. 1207 Jefferson St., 1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Annie Casey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27th 1856</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>6</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Druggist</u>		
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) <u>Ireland</u> <u>15</u>		
13. NAME <u>John Casey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Margaret Kenney</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>Mrs Annie Casey</u> <u>1207 Jefferson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Cem.</u> DATE <u>Dec 12, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Quirk & Tooin Co.</u> <u>20 West Linwood</u>		
20. FILED <u>12-10</u> <u>1932</u> <u>M. M. Crowley</u> <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1932 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19____, to Dec 9, 1932, 19____.

I last saw him alive on Dec 7, 1932, 19____. Death is said to have occurred on the date stated above, at 5:30 A M.

The principal cause of death and related causes of importance were as follows:
Myocarditis
hypertensive
chronic nephritis

Date of onset _____

Other contributory causes of importance:
131 131 1

Name of operation none Date of _____
 What test confirmed diagnosis? blood Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Deane G. Williams, M. D.
 (Address) 806 Prof. Bldg.

