

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.

48
10
9

1. PLACE OF DEATH.
County Jackson Registration District No. 339
Township Kaw Primary Registration District No. 5005
City Kansas City (No. 3826 Hyde Park Avenue St. 5728 Ward 680)

2. FULL NAME Peter Michael Hanley
(a) Residence, No. 3826 Hyde Park Avenue 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 Kittie Missouri Hanley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 930
101
10

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) Milwaukee
(STATE OR COUNTRY) Wisconsin

13. NAME Michael Hanley

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

15. MAIDEN NAME Ellen Hanlon

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

17. INFORMANT Wallace G. Gaudin
(ADDRESS) 3826 Hyde Park

18. BURIAL, CREMATION, OR REMOVAL In a cemetery
PLACE Forrit Hill, Wash. DATE 2-11-4 1933

19. UNDERTAKER Thos. J. McCreary
(ADDRESS) 3235 Bellhome Place

20. FILED 7/10 337 M. M. Brown
Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 19 33

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1933 to Feb 9 1933

I last saw him alive on Feb 9 1933 Death is said

to have occurred on the date stated above, at P. a. m. 7:35

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

Chronic myocarditis Date of onset

hypertension

Duration unknown

Other contributory causes of importance:

Hypostatic Pneumonia Feb 6 33

(Bronchial)

Name of operation none Date of

What test confirmed diagnosis? Clinical 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

Where did injury occur? K. C. Wisconsin mo.

(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) Predexatch M. D.

(Address) 1010 Chambers St.

Dr. [illegible] [illegible]

90

[illegible]

[illegible]

Mar 5 to 16

3:00

[Faint, mostly illegible handwritten text, possibly a ledger or journal entry, with some vertical text on the right side.]