

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. **399**
Primary Registration District No. **1002**
(No. 406 North Lawn)

File No. **19780**
Registered No. **2495**
St. _____ Ward _____

2. FULL NAME

Matthew Gaffney

(a) Residence, No. 406 North Lawn St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. Dale Gaffney</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. _____ min.
	<u>79</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired R.R. Engi</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Missouri Pacific</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>14</u>			

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

13. NAME Thomas Gaffney

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

15. MAIDEN NAME Julia

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

17. INFORMANT (ADDRESS) Mrs Eugene Park 406 North Lawn

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo DATE June 16 1933

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co 20 W. Linwood

20. FILED 6-15 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933 to June 4, 1933
I last saw him alive on June 4, 1933. Death is said to have occurred on the date stated above, at 2:10 P M

The principal cause of death and related causes of importance were as follows:
auricular fibrillation Date of onset _____

near upper abdominal tumor, probably carcinoma of stomach

Other contributory causes of importance _____

Name of operation None Date of _____
What test confirmed diagnosis chemical Was there an autopsy? _____

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) C. E. Coburn, M. D.
(Address) Kansas City, Kans.

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve

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