

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

Do not use this space.

23294

File No. **3000**
Registered No. **3000**
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. **888**
Township Kaw Primary Registration District No. **6008**
City Kansas City (No. 7567, Walnut)

2. FULL NAME Michael Joseph Maher

(a) Residence, No. 7567 Walnut St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washington, Howard & Ash

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) Ireland

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 Mrs. Bruce S. De Atley (ADDRESS) 7567 Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July 24, 1933

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) 2111 East 9th St.

20. FILED July 23, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1933, to 7-21, 1933

I last saw him alive on 7-21, 1933. Death is said to have occurred on the date stated above, at _____ m.

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

Carcinoma of Pancreas Date of onset Unknown

46 F

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam 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 _____, 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) George V. Ferick, M. D.
(Address) 806 Professional

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.

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