

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.

Oct 20 1933

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

Do not use this space.

29612

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 2647  
City Kansas City Mo. (No. 2647)

File No. \_\_\_\_\_  
Registered No. 3534  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Matthew Clarkin

(a) Residence, No. 3647 Main St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 71 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 Mary Clarkin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1845  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 88 5 20  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fire Dept (Capt)  
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

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
13. NAME Patrick Clarkin  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
15. MAIDEN NAME Briget Cassidy  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
17. INFORMANT Thomas Clarkin (ADDRESS) \_\_\_\_\_  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery September 8, 1933  
19. UNDERTAKER Melody McGilley (ADDRESS) Linwood & Euclid  
20. FILED 9-7 1933 M. M. Crowe Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1933  
22. I HEREBY CERTIFY That I attended deceased from July 7 1933 to Sept 5 1933  
I last saw him alive on Sept 4 1933 Death is said to have occurred on the date stated above, at 10 a. m.  
The principal cause of death and related causes of importance were as follows:  
Apothlexy  
Cerebral Hemorrhage  
Arteriosclerosis  
Prostate Hypertrophy  
Electro-Surgery  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation Electro-Surgery Prostate July 1933  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Julius Traischer M. D.  
Address 337 Lathrop Bldg.

15  
15  
15

2000 400 800