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

Do not use this space.

33303

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 33303
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City, Mo. (No. St.-Joseph Hospital St. ..... Ward)

2. FULL NAME Pat O'Malley

(a) Residence, No. 3959 Central St., ... Ward. (If nonresident, give city or town and State)
(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.

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: Helen O'Malley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 8, 1906

7. AGE: YEARS 27 — MONTHS 9 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawn Service
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): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Helen O'Malley, 3959 Central, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Pk. DATE 10/30 1933

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc. Kansas City, Mo.

20. FILED Oct 28 1933 M McCrone Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933 to Oct 27, 1933.
I last saw him alive on Oct 27, 1933 Death is said to have occurred on the date stated above, at 1:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following	
Appendicitis	
121B	
129	

Other contributory causes of importance:
appendicitis

Name of operation Appendectomy Date of Oct 20, 1933
What test confirmed diagnosis Physical 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) Milton B. Casebolt, M. D.
(Address) 1207 Rialto Bldg. K.C. Mo.

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.

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Dr. M. B. Casebolt.
Realty Bldg. 12. a. PM
Room 1207