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.

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

Do not use this space.

85

35698

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 1077

City St Joseph (No. 1311 Sacramento street St. Ward)

2. FULL NAME Philip H Danaher

(a) Residence, No. 1311 Sacramento street 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1888

7. AGE: YEARS 45 — MONTHS 5 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) St Joseph Missouri

FATHER

13. NAME John Danaher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Ill

MOTHER

15. MAIDEN NAME Katherine Meehan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse N.Y.

17. INFORMANT (ADDRESS) Paul Danaher 1311 Sacramento st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Nov. 6 1933

19. UNDERTAKER (ADDRESS) H O Sidenfaden 1802 Union st St Joseph Mo

20. FILED 11-4- 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Nov. 4, 1933, to ....., 19....

I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 11:45 A M

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

Chronic Myocarditis — Date of onset

936

Other contributory causes of importance: no facts

Name of operation none Date of

What test confirmed diagnosis? Clin Hist 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? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Forrest Thomas, M. D.

(Address) 801½ Felix St.