FEB 27 1934

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

Do not use this space.

799

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 28
City Springfield (No. , St John Hosp St. Ward)

2. FULL NAME Patrick H. Kane
(a) Residence, No. 750 college 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 M
4. COLOR OR RACE Wh
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) Feb 15 1870
7. AGE YEARS 63 MONTHS 10 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spfd Gas & Elec
10. Date deceased last worked at this occupation (month and year) Dec 1932
11. Total time (years) spent in this occupation 30

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

FATHER
13. NAME Michael Kane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Ann Finerty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) John Kirby Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE Jan 12 1934
19. UNDERTAKER (ADDRESS) H. H. Lohmeyer Springfield Mo
20. FILED 2/12 1934 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan -10- 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 1932 to 1/10 1934
I last saw him alive on 1/10 1934 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paraplegia	
Infection R. Kidney	
Carcinoma prostate	
no metastases no retention	

Other contributory causes of importance: Turin alleged fall December 1932
Name of operation Transurethral section Date of Nov 1932
What test confirmed diagnosis? Section Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Dec 1932
Where did injury occur? Fell on ice (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Street crossing
Manner of injury Fell on ice
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W. M. Weiss M. D.
(Address) Mercantile B. Spfd 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.