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.

AUG 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 395 — File No. 24653

Township Yaw — Primary Registration District No. 800 — Registered No. [illegible]

City Kansas City (No. 5156 Broockwood Ave St. Ward)

2. FULL NAME James F. Noonan

(a) Residence, No. 5156 Broockwood Ave. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Hanora Noonan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk. 1867

7. AGE: 77 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hide Inspector
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: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna.

FATHER
13. NAME: Jeremiah Noonan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary McGee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mary Galligan (Daughter) 5156 Broockwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John-K. C. Ks DATE 7/21/34 19

19. UNDERTAKER (ADDRESS): Mellody & McGilley K. C. Mo.

20. FILED July 20 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1928, to July 20, 1934

I last saw him alive on June 17, 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:

Arteriosclerosis — Date of onset 1932

131

Other contributory causes of importance: Chronic Nephritis + Senility

Name of operation None Date of

What test confirmed diagnosis? Physical + Lab. 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) Calvin A. Beard, M. D.
(Address) 2007 Bryant Bldg, K.C., Mo.

2005 Bryant