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

SEP 20 1934

Do not use this space.

29207

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. 821 Elmwood St. Ward)

2. FULL NAME John Lamasney
(a) Residence, No. 821 Elmwood 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1849

7. AGE YEARS 85 MONTHS 5 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Water Dept.
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) New York

FATHER
13. NAME John Lamasney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Catherine Walsh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Margaret Lamasney 821 Elmwood, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem. DATE Aug. 6-34, 19

19. UNDERTAKER (ADDRESS) C.H.Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.

20. FILED 8/5, 1934 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4-34, 19

22. HEREBY CERTIFY That I attended deceased from July 27, 1934, to Aug 3, 1934
Last saw him alive on Aug 3, 1934. Death is said to have occurred on the date stated above, at 5 AM m.
The principal cause of death and related causes of importance were as follows:

uremia
137
132B

137

Date of onset

Other contributory causes of importance: hypertrophied prostate

Name of operation none Date of
What test confirmed diagnosis? 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) Philip Saper, M. D.
(Address) 1235 Rialto Bldg.

Rialto Bld