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.

SEP 20 1934

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

Do not use this space. 29339

**1. PLACE OF DEATH**

County Jackson — Registration District No. 299 — File No. 3756

Township [redacted] — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Menoriah Hosp. St. Ward)

**2. FULL NAME** Thos. L. McDonough

(a) Residence, No. 4635 So. Benton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Ma. | Wh. | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna E. McDonough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21st. 1870

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 63 | 7 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

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) Peoria Ill.

FATHER

13. NAME William McDonough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Lucy Hickey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) Mrs. Anna E. McDonough 4635 So. Benton

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Calvary Cem DATE 8/13/34, 19

19. UNDERTAKER (ADDRESS) W. E. Mayberry City

20. FILED 8-11, 1934 Mm Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9th, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 to Aug. 19 34

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at 645 P.M.

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

Coronary Sclerosis — Date of onset

Chronic Fibrous Myocarditis

Acute Pulmonary Edema

Other contributory causes of importance:

93C

94C

111B

No 94C

Name of operation — Date of

What test confirmed diagnosis? Autopsy — Were an autopsy?

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?

If so, specify

(Signed) [signature], M. D.

(Address)