

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.

**OCT 17 1934**

32833

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township          Primary Registration District No. 1002  
 City Kansas City (No. St. Mary's Hosp.)

File No.           
 Registered No. 4169  
 St.          Ward         

**2. FULL NAME Jno. Callahan**

(a) Residence, No. Garnett Kas. St.          Ward           
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27th. 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
<u>72</u>			<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as, silk mill, saw mill, bank, etc. <u>O. P. C. R. Employee</u>
	10. Date deceased last worked at this occupation (month and year) <u>        </u> 11. Total time (years) spent in this occupation <u>        </u>

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

13. NAME Dennis Callahan

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

15. MAIDEN NAME Katherine Gorman

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

17. INFORMANT Mrs. Mary A. Callahan (ADDRESS) Garnett Kas.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 9/12/34

19. UNDERTAKER J. B. Farberry (ADDRESS) City

20. FILED 9-11- 1934 M. M. Cronin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1934, to Sept 9, 1934

I last saw him alive on Sept. 9, 1934. Death is said to have occurred on the date stated above, at 6:35 P. m.

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

Coronary Thrombosis  
acute myocardial infarction

131  
94E

Other contributory causes of importance         

Chronic glomerulonephritis 5 yrs.

Name of operation none Date of         

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) J. B. Castle, M. D.  
 (Address) 822 Argyle Bldg  
Kansas City, Mo

