

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

Do not use this space.

JAN 5 8 1935

1. PLACE OF DEATH

County Jackson Registration District No. 190
 Township Kaw Primary Registration District No. General Hospital
 City K.C. Mo. No. General Hospital St. Ward

File No. 43154
 Registered No. 5520

2. FULL NAME

Thomas Mc Glynn
 (a) Residence No. 26119 uney 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) July 9 1858
 7. AGE YEARS 76 MONTHS 5 DAYS 15 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Mo

FATHER 13. NAME James McGlynn

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

MOTHER 15. MAIDEN NAME Bridget Clark

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

17. INFORMANT J. W. McGlynn
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem 12-24 1934

19. UNDERTAKER Quinn & John
 (ADDRESS) 20 W. Linwood

20. FILED 12-24 1934 M. M. Crow, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1934, to 12-24, 1934
 I last saw him alive on 12-24, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

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

Ca. of Prostate with metastasis
Kidney abscesses - bilateral
 Date of onset
 Other contributory causes of importance: 51
Senility

Name of operation 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?
 If so, specify

(Signed) J. M. Crow, M. D.
 (Address) General Hospital

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.

