

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

APR 26 1935

Do not use this space.

9339

1. PLACE OF DEATH

County Jackson
 Township Keas
 City Kansas City (No. KC Gen Hosp)

Registration District No. 300
 Primary Registration District No. 1000

File No.
 Registered No.
 St. Mo Ward

2. FULL NAME

(a) Residence, No. 5221 Nurdage Ward.

(Usual place of abode) Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) 8-22-25

7. AGE YEARS 10 MONTHS 7 DAYS 2 If LESS than 1 day, hrs. or min.

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

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) Omaha (STATE OR COUNTRY) Iowa

MOTHER FATHER 13. NAME Thomas Carroll

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

15. MAIDEN NAME Ellie McCrehan

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

17. INFORMANT Thomas Carroll (ADDRESS) 5221 Nurdage

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 3-26 1935

19. UNDERTAKER Shield Funeral Home (ADDRESS) 6606 Independence

20. FILED 3-25 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1935, to 3-24 1935

I last saw him alive on 3-24 1935. Death is said

to have occurred on the date stated above, at 8:35 a.m.

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

Diphtheria Date of onset

Other contributory causes of importance: Pneumonia

Name of operation Pneumonia Date of What test confirmed diagnosis? 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) P. F. De Maria M. D. (Address) Asst Supr KC Gen Hosp

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.

