

1 AUG 5 1935

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

Do not use this space.

23066

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. General Hospital)

File No. _____
Registered No. 20018
St. _____ Ward _____

2. FULL NAME

John J Sheehan

(a) Residence, No. 3305 Karnes Blvd. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Sheehan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 7

8. Trade, profession, or particular kind of work done, as spinning sawyer, bookkeeper, etc. Branch Manager for
9. Industry or business in which work was done, as silk mill saw mill, bank, etc. Standard Sanitary Plumbing Supply Co.
10. Date deceased last worked at this occupation (month and year) 7/9/35 Total time (years) spent in this occupation 23 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Jeremiah Sheehan

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

15. MAIDEN NAME Alice Delaney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Mrs Elizabeth Sheehan (ADDRESS) 3305 Karnes Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE July 12 1935

19. UNDERTAKER Quirk & Tobin Co (ADDRESS) 20 West Linwood

20. FILED July 11 1935 M.M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Paroull, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:50 A M
The principal cause of death and related causes of importance were as follows:

Crushing Injury To Chest
Re: Lateral Hemithorax
Other contributory causes of importance: None
Date of onset _____

Name of operation _____ 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 July 10 1935
Where did injury occur? Kans City Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In public place
Manner of injury Face protruded window
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) P. H. Owers, M. D.
(Address) 1034 R. W. K. S. M. W.

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.

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