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.

AUG 20 1935

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

Do not use this space.

23230

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 1302 Indiana St. Ward)

2. FULL NAME Thomas J. Hanarahan

(a) Residence, No. 1302 Indiana St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 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. Lottie M. Hanrahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24th. 1865

7. AGE — YEARS: 70 — MONTHS: 1 — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington R.R.

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) New York

FATHER

13. NAME William Hanrahan

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

MOTHER

15. MAIDEN NAME Elizabeth ----------

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

17. INFORMANT (ADDRESS) Mrs. Lottie M. Hanrahan 1302 Indiana

18. BURIAL, CREMATION, OR REMOVAL

PLACE Matoon Ill. DATE 7/25/35 19

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

20. FILED July 25 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24th. 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-24th, 1935, to 7-24-, 1935

I last saw him alive on 7-24-, 1935. Death is said to have occurred on the date stated above, at 4 P.M. m.

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

	Date of onset
Cerebral Thrombosis	7-12-35
82.6	

Other contributory causes of importance:

Encephalo-malaria	7-19-35
Pulmonary Edema	7-23-35

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Carroll P. Huneyte, M. D.

(Address) 1010 Pro Bldg K.C. Mo.

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15
15

Jackson
New
Kansas City 1302 Indiana

Thomas J.Hanrahan
1302 Indiana

17

July 24th. 35

Ma. Wh. Harriod

Mrs.Lottie M.Hanrahan
June 24th.1935 4 PM.

70 1

Car Repairer

Burlington N.R.

New York
William Hanrahan

Ireland
Elizabeth ----------

Ireland
Mrs.Lottie M.Hanrahan
1302 Indiana

Matoon Ill. 7/25/35

W.F.Mayberry
City

Dr E.O. Hall
Prof. Bldg.
Dr 2343