

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.

JAN 23 1936

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

Do not use this space.

39574

1. PLACE OF DEATH

County Jackson
Township Ray
City Ray (No. St. Marys Hospital)

Registration District No. 399

Primary Registration District No. 1003

File No. 1786
Registered No. 1786
Ward

2. FULL NAME

(a) Residence, No. 412 - DIVISION St., Patrick Hanley Ward.

KANSAS CITY, KANSAS
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MRS. SOPHRONIA HANLEY
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY - 5 - 1861
8. AGE YEARS 74 MONTHS 7 DAYS 7
If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SECTION FOREMAN
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FRISCO R.R.
11. Date deceased last worked at this occupation (month and year) DECEMBER 1935
12. Total time (years) spent in this occupation 50

13. BIRTHPLACE (CITY OR TOWN) ARLINGTON
(STATE OR COUNTRY) MISSOURI

14. NAME PATRICK HANLEY

15. BIRTHPLACE (CITY OR TOWN) DUBLIN
(STATE OR COUNTRY) IRELAND

16. MAIDEN NAME UNKNOWN

17. BIRTHPLACE (CITY OR TOWN) IRELAND
(STATE OR COUNTRY)

18. INFORMANT MRS. SOPHRONIA HANLEY
(ADDRESS) KANSAS CITY, KANSAS

19. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE DEC. 13, 1935

20. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 - EAST 9TH ST.

21. FILED Dec 12, 1935 M.M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12/35, 1935

23. I HEREBY CERTIFY That I attended deceased from 12/12/35, 1935
I last saw him alive on 12/12/35, 1935. Death is said to have occurred on the date stated above at 1507 m.
The principal cause of death and related causes of importance were as follows:

Fracture of the skull
Fracture of the base of the skull
Date of onset

Other contributory causes of importance: 200

Name of physician Dr. G. G. G. G. Date of signature 12/12/35
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

24. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 12/12/35
Where did injury occur? 305 S. 1st St. Kansas City, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by motor car
Nature of injury

25. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. G. G. G. G., M. D.
(Address) 12/12/35

