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.

FEB 20 1936

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

Do not use this space.

1216

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 69
City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Daniel B Mahoney
(a) Residence, No. 936 Pacific Ave K.C. Kans 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22-1903

7. AGE: YEARS 32 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A. Worker
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) 12-30-35
11. Total time (years) spent in this occupation 2 Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas

FATHER
13. NAME Daniel Mahoney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Kate Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Daniel Mahoney 936 Pacific KC K

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Calvary DATE Jan 4 1936

19. UNDERTAKER (ADDRESS) Jas A Butler & Son KCK

20. FILED Jan 6 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1936 .19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Crowe, 19
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3:40 P M
The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of the skull
Crushing injury of the Chest
Bilateral hemothorax

Other contributory causes of importance:

No

Name of operation Autopsy 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 12/2/36 19
Where did injury occur? 12 Ck & Baltimore K Cem (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Fell from window
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]