

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

Do not use this space.

5784

1. PLACE OF DEATH **21 1936**

County **Jackson**

Township **Kaw**

City **Kansas City**

Registration District No. **399**

Primary Registration District No. **1002**

(No. **St. Joseph Hospital**)

File No. _____
Registered No. **577**
St. _____ Ward _____

2. FULL NAME **William HANLEY**

(a) Residence, No. **2515 Chestnut** St., _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred **61** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs May Hanley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 6th, 1874**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **61 2 26**

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

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) **June, 1935** 11. Total time (years) spent in this occupation **35**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **K.C. MISSOURI**

13. NAME **Nicholi Hanley**

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

15. MAIDEN NAME **Catherine McEvay**

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

17. INFORMANT **Mrs May Hanley, (widow)** (ADDRESS) **do**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mary's** DATE **2/5/36**

19. UNDERTAKER **Melody-McGilley** (ADDRESS) **K.C. Mo.**

20. FILED **Feb 4 1936** **M. M. Brown** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 2nd, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **December 1935** to **February 2nd, 1936**

I last saw him alive on **February 1st, 1936** Death is said to have occurred on the date stated above, at **9:00 a.m.**

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

Chronic Myocarditis

Bronchial Pneumonia

Other contributory causes of importance: **Aneurysm**

Name of operation _____ Date of _____
What test confirmed diagnosis? **Xray** 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? _____
If so, specify _____ (Signed) _____, M. D.
(Address) **910 Argyle Building, K.C., Mo.**

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.

