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.

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

MAR 21 1936

Do not use this space.

6170

1. PLACE OF DEATH
County: Jackson
Township: ~~Kaw~~
City: Kansas City, Mo. (No. 6608 E 15th St., St. Ward)

Registration District No.: 399
Primary Registration District No.: 1002

File No.:
Registered No.: 9789

2. FULL NAME: Patrick O'Hearn
(a) Residence, No. 6608 E 15th St., St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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: Mary Meade O'Hearn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-15-1872

7. AGE: Years 62 | Months 9 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Street Dept. City
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):
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

FATHER
13. NAME: No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT: Thos. O'Hearn
(ADDRESS) 6608 E 15th St., City

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Marys DATE: Feb 25, 1936

19. UNDERTAKER: ~~John P.~~ Sheil Funeral Home
(ADDRESS) 6606 Indep. Ave., K. C. Mo.

20. FILED: 2/24, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936, to Feb 23, 1936
I last saw h. alive on Feb - 23, 1936 Death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
10781	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? 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) Paul A. G. Johnson, M. D.
(Address) 920 Newton