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.

JUL 25 1936

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

Do not use this space.

26697

File No. 3368

Registered No.

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399

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

City Kansas City, Mo. (No. 16th & Holmes St., St. Ward)

**2. FULL NAME** Maurice Halpin

(a) Residence, No. 16th & Holmes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-23-1891

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 45 | 4 | 23 | |

**OCCUPATION**

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

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

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

**FATHER**

13. NAME Maurice Halpin

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

**MOTHER**

15. MAIDEN NAME Nora McCrohan

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

17. INFORMANT (ADDRESS) Mrs. T/ J. Mulland 333 No. Drury

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE 7/20/36 19

19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606 Indep. Ave.,

20. FILED July 18 1936 M. M. Crowe asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/16/36 19

22. I HEREBY CERTIFY That I attended deceased from ....., 19.... to ....., 19....

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 6 30 p m.

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

Coronary sclerosis — Date of onset

Chronic bifurcus myocarditis

Other contributory causes of importance: 93c

Name of operation ..... Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

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) [signature], M. D.

(Address)