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.

SEP 29 1936

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

Do not use this space.

File No. 31186

Registered No. [illegible]

Registration District No. [illegible]

Primary Registration District No. [illegible]

1. PLACE OF DEATH

County JACKSON

Township

City KANSAS CITY, MO (No. , St. Ward)

2. FULL NAME MICHEAL MORRISSEY

(a) Residence, No. 1601 MAIN St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-13-1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	5	13	

OCCUPATION

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

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 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ELMIRA NEW YORK

FATHER

13. NAME JOHN MORRISSEY

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

MOTHER

15. MAIDEN NAME MARY NOONAN

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

17. INFORMANT BERNER (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE TOPEKA, KANSAS DATE 8-28-1936

19. UNDERTAKER BRENNAN FUNERAL HOME (ADDRESS)

20. FILED 8-27 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/26/36 19

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to , 19 I last saw him alive on 6-35 , 19 Death is said to have occurred on the date stated above at m.

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

	Date of onset
Cerebral Embolism	
Chronic fibrous myocarditis	

Other contributory causes of importance: 985 W 10

Name of operation 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 , 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)

AUG 4 1949