JAN 10 1937

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

Do not use this space.

44735

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo (No. 3230 E 7th St. Ward)
Registration District No. 399
Primary Registration District No. 002
File No.
Registered No. 5214

2. FULL NAME Alice Tresa Hanrahan
(a) Residence, No. 3230 East 7th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Deceased Daniel P. Hanrahan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sep. 4 - 1867
7. AGE: YEARS 69 MONTHS 3 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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): St Louis Mo

FATHER
13. NAME: William Grant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Alice Wall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Will Hanrahan 3230 East 7th K.C. Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE Dec. 10th 1936
19. UNDERTAKER (ADDRESS): Steel Funeral Home K.C. Mo
20. FILED 12-9 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 7th, 1936

22. I HEREBY CERTIFY That I attended deceased from June 10th, 1936, to Dec. 7th, 1936
I last saw her alive on Dec 7th, 1936. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset: about two years ago

Other contributory causes of importance:

Hypertension — Two or three years ago

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) Starr D. Ramey D.O.
(Address) 3028 East 6th St K.C. Mo
Phone Ch 5391

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.