

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

APR 6 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jackson Primary Registration District No. 1002
City Kansas City (No. 1630 Jefferson)

File No. 9584
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1630 Jefferson St., _____ Ward, _____
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/37

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

22. I HEREBY CERTIFY that _____ attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4-1897

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

7. AGE YEARS 39 MONTHS 3 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Acute pulmonary edema (Cause in detail) 1/12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

Other contributory causes of importance: no

13. NAME Maurice Fennessy

Name of operation Autopsy Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy _____

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

23. If death was due to external causes (Violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Vera Burke

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, home, or in public place.

17. INFORMANT Miss Vera Fennessy

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Most Holy 3/16/37

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

19. UNDERTAKER F. O. Bennett

(Signed) [Signature], M. D.
(Address) 2750 Broadway

20. FILED Mar 15 37 M. M. Brown

Registrar.

