

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

Do not use this space.

MAY 15 1937

15133

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City Mo. (No. 3338 Flora.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME EDWARD L. DEGAN
 (a) Residence, No. 3338 Flora. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Degán		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1877		
7. AGE YEARS 59	MONTHS 7	DAYS 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Coal Dealer.		
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) New York.		
13. NAME Unknown Patrick Degán		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland		
15. MAIDEN NAME Jane Mooney Ireland		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) Mrs. Josephine Degán 3338 2nd Flora		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 9, 1937		
19. UNDERTAKER (ADDRESS) Melody McGilley K. C. Mo.		
20. FILED Apr 8 3 11 M. M. Browne Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr 6th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 15th 1937** to **Apr 6th 1937**
 I last saw h. **alive on Apr 5th 1937**. Death is said to have occurred on the date stated above, at **9:05 am**.
 The principal cause of death and related causes of importance were as follows:
Autolemic of lung. approx 2 1/2 hrs

Other contributory causes of importance:
Dehydration of lung 9 mos
Phlebitis of left leg 3 weeks
Phlebitis of right arm 2 weeks
Scorbutic disease what

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? _____
 If so, specify **Geo F. Havel**
 (Signed) _____, M. D.
 (Address) **900 Wall 327th**

Exact statement of OCCUPATION is very important.

OCCUPATION FATHER MOTHER

2
3
15

DR. HILMER