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.

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 15193
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 2619 East 29th St. St. Ward)

2. FULL NAME Lawrence E. Nolan
(a) Residence, No. 2619 East 29th Street 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

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: Mrs. Elizabeth Nolan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1876

7. AGE: YEARS 60 — MONTHS 9 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Pacific
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) Quincy Ill.

FATHER
13. NAME James Nolan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Elizabeth Nolan 2619 East 29th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 4-12-37, 19

19. UNDERTAKER (ADDRESS) QUIRK AND TOBIN 20 W. Linwood

20. FILED Apr. 11, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to April 7-37, 19
I last saw h. alive on April 7, 1937. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis 93
Hypertension
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Usual — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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? No
If so, specify
(Signed) E. B. Hobbs, M. D.
(Address) 1002 Argyle Bldg K.C. Mo

See affidavit in misc file # 10 ~~#~~ 27 - 1937