

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

Do not use this space.

JUN 1 2 1937

19043

1. PLACE OF DEATH

County Jackson
Township Blue
City Kansas City (No. 11. C. T. B. Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2057
St. _____ Ward _____

2. FULL NAME

James H. Breen
(a) Residence, No. 420 W 34th St St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1937 to May 15 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1897

I last saw him alive on May 15 1937 Death is said to have occurred on the date stated above, at 5:45 m.

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>39</u>	<u>6</u>	<u>17</u>		

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 _____

pulmonary tuberculosis Date of onset Nov. 1936
23

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

Other contributory causes of importance: Tuberculous laryngitis No. 1936

13. NAME Michael Breen

Name of operation None Date of _____

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

What test confirmed diagnosis? X-ray Was there an autopsy? No

15. MAIDEN NAME Mary O' Brien

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

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mary Breen
420 W 34th St

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 5-18-37

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

19. UNDERTAKER (ADDRESS) J. F. O'Donnell Co
K. C. Mo

(Signed) W. J. G. [Signature] M. D.
(Address) Kansas City Mo

20. FILED May 17 1937 M. M. Browne Registrar.

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.

