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

Do not use this space.

22911

JUN 10 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 701 East 14th St. 9 St. Ward)

2. FULL NAME Thomas J. McAuliffe
(a) Residence, No. 2633 Belleview 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

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. Mary McAuliffe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 15, 1884

7. AGE: 52 YEARS, 8 MONTHS, 10 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Dept.
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): Ireland

FATHER
13. NAME: Lawrence McAuliffe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

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

17. INFORMANT (ADDRESS): Mrs. Mary McAuliffe, 2633 Belleview

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 6-28-37, 19

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

20. FILED 6/25 1937 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/37, 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19
I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wounds of the abdomen

Date of onset

Other contributory causes of importance: 173

Name of operation [illegible] Date of
What test confirmed diagnosis [illegible] Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Homicide Date of injury 6/25/37
Where did injury occur? 701 E 14th St. Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Trauma by firearms
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] 4

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.