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.

SEP 21 1937

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

Do not use this space.

29613

1. PLACE OF DEATH
County Jackson County — Registration District No. 399 — File No.
Township Kansas City — Primary Registration District No. 1002 — Registered No.
City Mo. (No. 5331 Highland Ave. St. Ward)

2. FULL NAME Peter Monahan
(a) Residence, No. 5331 Highland Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 8 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) Wid.
5A. ~~IF MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ of Rebecca Ganet
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE 06 — YEARS 77 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
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) Philadelphia Pa.

FATHER
13. NAME Thomas Monahan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT (ADDRESS) Sister Camille 5331 Highland Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem. DATE 8/3/37 19
19. UNDERTAKER (ADDRESS) Funk & Tobin Co 20 West Linwood
20. FILED Aug 3 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to Aug 1, 1937
I last saw h..... alive on August 1st, 1937 Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardosis	
93c	

Other contributory causes of importance:
Arteriosclerosis
several years

Name of operation Date of
What test confirmed diagnosis? History 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
(Signed) Paul V. O'Rourke, M. D.
(Address) 1402 Bryant Bldg