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.

OCT 19 1937

File No. 33176

Registered No.

1. PLACE OF DEATH

County JACKSON

Township KAW

City KANSAS City (No. 2927 E. 28TH St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME DANIEL HENRY KELEHER

(a) Residence, No. 2927 E. 28TH St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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 SARAH S. KELEHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 21, 1856

7. AGE: YEARS 81 MONTHS 7 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED HOTEL

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MANAGER

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 10 YEARS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CHICAGO ILL

FATHER

13. NAME PATRICK KELEHER

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

MOTHER

15. MAIDEN NAME MARY A'HARAN

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

17. INFORMANT MRS. SARAH S. KELEHER
(ADDRESS) 2927 E. 28TH

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE SEPT. 6 1937

19. UNDERTAKER D. W. NEWCOMER'S
(ADDRESS)

20. FILED Sept 4 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1937, to Sept. 3 1937

I last saw h. alive on Sept. 3 1937 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
39	

Other contributory causes of importance:

Hemiplegia

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular 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? No

If so, specify .....

(Signed) C. C. Pentz, M. D.

(Address) 1325 Grand Ave.