DEC 20 1937

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

Do not use this space.

40135

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No. 4449

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 5002½ East 24th St. Ward)

**2. FULL NAME** James Gallagher

(a) Residence, No. 5002½ East 24th St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Gallagher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1883

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 10 | 24 | |

**OCCUPATION**

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

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 John Gallagher

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

**MOTHER**

15. MAIDEN NAME Ann McDire

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

17. INFORMANT (ADDRESS) Mrs. Catherine Gallagher 5002½ East 24th

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 11/8/37 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Kansas City, Mo.

20. FILED Nov. 5 1937 M. M. Grove
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Cancer, 19, to , 19

I last saw h alive on 6-5-37 19 Death is said to have occurred on the date stated above, at 6 5 7 m.

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

Cancer any scleroses
Chronic fibrous myocarditis
93c

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

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) , M. D.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.