WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D AUG 8 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kansas
City Kansas city No. 5138 Garfield St. Ward)
Registration District No. 399
Primary Registration District No. 2002
File No. 24306
Registered No. 2811

2. FULL NAME Charles D Teaney "Teaney" 500
(a) Residence, No. 5138 Garfield 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1864

7. AGE YEARS 74 MONTHS 0 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operated filling
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. station (Retired)
10. Date deceased last worked at this occupation (month and year) 4 yr
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

FATHER
13. NAME Thomas G. Teaney 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N C 0

MOTHER
15. MAIDEN NAME Nancy Wyley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT W. G. Teaney
(ADDRESS) 5138 Garfield K C Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kearney Mo DATE July 14 1938

19. UNDERTAKER Leonard Fry
(ADDRESS) Kearney Mo

20. FILED 7-12 1938 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to July 12, 1938
I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Carcinoma	
51	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? 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) J. M. Coleman, M. D.
(Address) 3850 Brooklyn

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