

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

36247  
 Do not use this space.

NOV 14 1938

**1. PLACE OF DEATH**

(a) County Marion Registration District No. 547  
 (b) Township Marion Primary Registration District No. 3079 Registered No. 261  
 (c) City Hannibal (d) Street No. ST. ELIZABETH HOSPITAL St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Patrick H. Kane

(a) Residence, No. 2510 Broadway St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1874

7. AGE YEARS 64 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. C. B. & J. Shaps  
 9. Industry or business in which work was done, as saw mill, bank, etc. Machinist  
 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) Pittsfield Ill.

FATHER 13. NAME Timothy Kane

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

MOTHER 15. MAIDEN NAME Ellen McElroy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsfield Ill.

17. INFORMANT (ADDRESS) Joseph Kane  
2510 Broadway Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE Oct. 6th - 1938

19. FUNERAL DIRECTOR (ADDRESS) James O'Connell  
Hannibal, Mo

20. FILED Oct 6, 1938 St. C. Fisher  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4th - 1938

22. I HEREBY CERTIFY, THAT I attended deceased from Sept. 22 - 1938 to Oct. 3 - 1938  
 I last saw him alive on Oct. 2nd - 1938. Death is said to have occurred on the date stated above, at 12:15 am.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis  
Nephritis  
121  
 Other contributory causes of importance:  
Atherosclerosis  
Hypertension

Date of onset not known  
years

Name of operation None Date of 5-30  
 What test confirmed diagnosis? Clinical 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 or deceased? No  
 If so, specify  
 (Signed) W. H. Fisher M. D.  
 (Address) Hannibal, Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Michael J. O'Donnell, Licensed Embalmer No. 3246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself  
..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**