

REC'D JUN 8 1938

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

17746
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township K.W. Primary Registration District No. 1002
or K.C.Mo.
(c) City K.C.Mo. (d) Street No. 3549 Paseo Registered No. 2148 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

550 Patrick H. Noonan
(a) Residence, No. 3549 Paseo St. (If nonresident, give city or town and State) K.C.
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret K. Noonan				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1855				
7. AGE	YEARS 84	MONTHS 2	DAYS 10	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired			
	9. Industry or business in which work was done, as 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) Cleveland Ohio				
FATHER	13. NAME Anthony Noonan			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland			
MOTHER	15. MAIDEN NAME Mary Catts			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland			
17. INFORMANT (ADDRESS) Frank B. Noonan 1328 Garrison K.C.Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5/24/39 19				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.F.O'Donnell Co. 3256 Broadway K.C.Mo.				
20. FILED May 23 1939 M. M. Grome Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 21**, 1939, to **May 21**, 1939
I last saw him alive on **May 21**, 1939. Death is said to have occurred on the date stated above, at **12 P.M. Michigan**.
The principal cause of death and related causes of importance were as follows:

Coronary ArteriosclerosisDate of onset
1 YMO

Other contributory causes of importance:

Hypertension
StrokeName of operation **L** Date of **L**
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 of deceased? **NO**
If so, specify
(Signed) **Ralph P. ...** M. D.
(Address) **4800 E 24** 1.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.