

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

Do not use this space.

1939 OCT 10 1939

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. 32189
 Township Fishing River Primary Registration District No. 30.11 Registered No. 113
 City Excelsior Springs, Mo. Veterans Administration Facility St. _____ Ward _____

2. FULL NAME LANAHAN, Silverius J.

(a) Residence, No. 1104-A-Gaty Ave., East St., Louis, Illinois Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 2 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 Anna T. Lanahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
43 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Trimmer
 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) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nokomis, Ill.

13. NAME Anthony Lanahan

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

15. MAIDEN NAME Katherine Conway

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

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis, Ill. DATE 9-2-39

19. UNDERTAKER Claud Pritchard (ADDRESS) Excelsior SPRINGS, Mo.

20. FILED Sept 2 1939 Mrs. C. M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939, 19____, to Sept. 1, 1939, 19____

I last saw him alive on Sept. 1, 1939, 19____. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Acute intestinal obstruction

Date of onset

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 8-28-39

What test confirmed diagnosis? Exam. & operation Was there an autopsy? Yes

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? Unknown
 If so, specify _____

(Signed) John E. Kelly, M. D.
 (Address) Veterans Administration Facility, Excelsior Springs, Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

321697
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 198
 (b) Township Excelsior Spgs Primary Registration District No. 3011 Registered No. 113
 (c) City Excelsior Spgs Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (d) 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 Lamahan, Silverius L.
 (a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS 43 MONTHS 2 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____

FATHER

13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1907

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
acute intestinal obstruction
Chr. Cholecystitis

Date of onset 127

When contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) John E. Kelly, M. D.
 (Address) Excelsior Spgs Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. Exact statement of occupation is very important. Exact statement of occupation is very important.

Local Registrar.

S-32169