

FILED JUN 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18220  
Registrar's No. 28-19

Registration District No. 207 Primary Registration District No. 4125-

1. PLACE OF DEATH: Clinton  
(a) County Plattsburg, Missouri  
(b) City or town Plattsburg, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Six Month  
years, months or days

3. (a) PRINT FULL NAME Anthony J. Vahey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M. 5. Color or race White 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Mary Vahey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
March 9, 1860

7. Birth date of deceased (Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
80 2 15 hr. min.

9. Birthplace Mayo County Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business  
12. Name Edward Vahey  
13. Birthplace Mayo County Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Bridget Lynaugh  
15. Birthplace Mayo County Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Shapiro  
(b) Address Plattsburg, Missouri

17. (a) Removal (b) Date thereof May 26, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Adrian Mich.

18. (a) Signature of funeral director O'Brien-Lyon  
Plattsburg, Missouri  
(b) Address

19. May 26-40 (b) Emilee Chastan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clinton  
(c) City or town Plattsburg, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 65 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1940 hour 9 minute 4 M.

21. I hereby certify that I attended the deceased from May 19, 1940 to May-26, 1940  
that I last saw him alive on May 26, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis

Due to Endocarditis 3 weeks

Due to Pericarditis 3 weeks

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 92.1%  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. M. Steckman (M. D. or other) 1  
Address Plattsburg, Mo. Date signed 5-26-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 11,  
District File Number 640-962  
Date Filed JUN 18 1962

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 Danell H. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, Missouri

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18220

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 207

Primary Registration District No. 4125

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Clinton  
(b) City or town. Plattsburg  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME

Anthony J. Vahey

(b) If veteran, name war

(c) Social Security No.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary Vahey

6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years 80 Months 2 Days 18  
If less than one day hr. min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

Date received local registrar

(b)

Ernie Clayton  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County

(c) City or town. (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month May day 26  
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature P. M. Steckman (M. D. or other)

Address Plattsburg Date signed 7/0

SUPPLEMENTAL

