

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.

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

Do not use this space.

37908

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township Kaw

Primary Registration District No. _____

City Kansas City, Mo.(No. Armour & Harrison)

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Lasalle Hotel

St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 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)

Married

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

Catherine F. Houlehan

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

April 3 - 1865

7. AGE

YEARS

66

MONTHS

7

DAYS

25

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Real Estate

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)

11. Total time (years) spent in this occupation

MOTHER FATHER

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

Crawfordville13. NAME Patrick Houlehan

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

Ireland15. MAIDEN NAME Catherine Lillis

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

Lexington

17. INFORMANT (ADDRESS)

St. Catherine's Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's Cem. DATE Nov 30 1931

19. UNDERTAKER (ADDRESS)

John W. Wagner20. FILED 30 1931 M. M. Wagner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28 1931

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

accidental Automobile Date of onsetCollision with car2:10 PM

Other contributory causes of importance:

Pneumonia

Name of operation

What test confirmed diagnosis autopsy 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 11/28 1931

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) Harvey M. Hall M. D.(Address) 1000 E. 20th

Registrar.

