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

Do not use this space.

2770

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Kansas (No. 1372 City Hospital St. ..... Ward)

2. FULL NAME James Meagher.

(a) Residence. No. 1305 Julian St. 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 — 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	70	4	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Boilermaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Talnek Meagher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Dunbrown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

14. INFORMANT Mrs. E. Rowley
(Address) City Hospital

15. JAN 11 1928 Filed ..... 15. Mae E. Starkey REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 28

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Jan 9, 1928, that I last saw h... alive on Jan 9, 1928, and that death occurred, on the date stated above, at 7-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Pneumonia,
GSR Cardiac Hypertrophy.
130

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY) Chronic Senile diffuse Nephritis 0 yr. (duration) Chronic process yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED? City H
IF NOT AT PLACE OF DEATH?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Robert H. Simpson, M. D
1/9, 1928 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cabany	1-11 1928
20. UNDERTAKER	ADDRESS
Arthur J Rooney	2052 Woodland