

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

Do not use this space.

33862

4465

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Mary's Hospital)

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME Patrick J Glynn

(a) Residence No. 3638 Flora St. 13 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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 Mrs. Margaret Glynn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 8 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)
(c) Name of employer

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

10. NAME OF FATHER James Glynn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Purcell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mrs Margaret Glynn
(Address) 3638 Flora

15. FILED 10/31, 1928 M. M. Brown REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1928 19

17. I HEREBY CERTIFY That I attended deceased from Oct 26 1928, to Oct 30 1928, that I last saw him alive on Oct 29 1928, and that death occurred, on the date stated above, at 1:55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Decompensation

9/29/00 (duration) yrs. 3 mos. ds.

CONTRIBUTOR (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 3638 Flora
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) J. E. Carter, M. D.

Oct 31, 1928 (Address) 11001 Chambers Bldg

*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 Calvary DATE OF BURIAL 10-2-1928

20. UNDERTAKER QUIRK & TOBIN CO--20 W L Inwood ADDRESS

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.

WHITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

