MAR 25 1930

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

Do not use this space.

4140

85

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No. 205

Township — Primary Registration District No. Registered No.

City St. Joseph (No. 6004 King Hill Ave. St. Ward)

2. FULL NAME Frank Brandon Crilly

(a) Residence. No. 6004 King Hill Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March. 26. 1855.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	10	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Maet Inspector (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Swift & CO

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

PARENTS

10. NAME OF FATHER John Crilly

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Louama E Crilly
(Address) 6004 King Hill Avenue

15. FILED FEB 17 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr. 16. 1930.

17. I HEREBY CERTIFY, That I attended deceased from Febr. 1, 1930, to Febr. 14, 1930 that I last saw him alive on Febr 14, 1930, and that death occurred, on the date stated above, at 7/15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Uremic poisoning

131

132B (duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis about

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 129a

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Microscopical

(Signed) William A Robertson, M. D.

Febr. 16. 1930 (Address) St. Joseph Mo

*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 Mount Olivet Cemetery

DATE OF BURIAL Febr. 18 1930

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union Str.

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.