

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

Do not use this space
40094
5102

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Reno Primary Registration District No. _____
City Kansas City (No. St. Lukes Hospital)

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

2. FULL NAME

(a) Residence, No. 5304 Nevada Lane Fieldston Green County Kansas
(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 Missie D. McGeal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1874

7. AGE YEARS 58 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk of the Sinclair Power Pipe Line Co.
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York NY

MOTHER 13. NAME Patrick M. Geal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Katherine Mome

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

17. INFORMANT Miss Missie D. McGeal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Jan 2 1933

19. UNDERTAKER (ADDRESS) John J. Sheehan
Kennett Mo. Missour

20. FILED 12-31 1932 M. J. M. Boyle Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932, to Dec. 31, 1932
I last saw him alive on Dec. 30, 1932. Death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic, Post-yrag
930
107A ① 930
Other contributory causes of importance: Pneumonia Broncho

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical + Aut. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) Thos. J. Ogelvie, M. D.
(Address) C. O. Ogelvie, Kansas

Ogelvie

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.

Open Pinalta Oldy. Area HA 1612
No Hi 1636
1636