

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Blue Springs, R.R.#1 (No.)

Registration District No. 398
Primary Registration District No. 8584

File No. **19605**
Registered No. 172
St. Ward)

2. FULL NAME

(a) Residence, No. Blue Springs, R.R.#1 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 17.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. water Dep K.C.M.

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) 1932 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

13. NAME Andrew Scanlon

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

15. MAIDEN NAME Margaret Scanlon

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

17. INFORMANT (ADDRESS) Mrs. Kattie Scanlon Blue Springs R.R.#1

18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary Cem K.C. DATE June 3 1933

19. UNDERTAKER (ADDRESS) Ott & Mitchell Independence Mo.

20. FILED June 3 1933 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1933

22. I HEREBY CERTIFY That I attended deceased from May 31, 1933 to June 1, 1933
I last saw him alive on May 31, 1933. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Lip (Lower) Date of onset 1930
45 yr

Other contributory causes of importance: 45
Transition

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) W. G. Row M. D.

(Address) Blue Springs, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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