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.

JUL 31 1934

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

Do not use this space.

24899

1. PLACE OF DEATH
County Jackson — Registration District No. 377 — File No. 3497
Township Kaw — Primary Registration District No. 1667 — Registered No.
City Kansas City (No. Mo. St Marys Hospital Ward)

2. FULL NAME Daniel Leo Flaherty
(a) Residence, No. 321 North Valley St. K C K Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 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 Margaret Flaherty
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know
7. AGE YEARS 38 MONTHS ? DAYS ? If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K C Southern
10. Date deceased last worked at this occupation (month and year) 7-21-34
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gridley Kansas

FATHER
13. NAME Henry Flaherty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Margaret Killderry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Margaret Flaherty 321 N Valley K C K
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Calvary DATE July 28 1934
19. UNDERTAKER (ADDRESS) Jos A. Butler & Son K C K
20. FILED 7-28 1934 N. M. Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 21st, 1934, to 7-25, 1934
I last saw her alive on 7-25, 1934. Death is said to have occurred on the date stated above, at 10:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat stroke	
191	
130	
191	505

Other contributory causes of importance:
Acute nephritis

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) Samuel Ayres M. D.
(Address) 707 Argyle Bldg.