CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 809 — File No. 44864

Township Kaw — Primary Registration District No. 4902 — Registered No.

City Kansas City (No. St. Mary's Cem. St. 5443 Ward)

2. FULL NAME Hugh P. O'Rourke

(a) Residence, No. 212 East 34th Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Ma.	Wh.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th. 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
57	11	20	

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. Election Commissioners

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Patrick O'Rourke

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

MOTHER

15. MAIDEN NAME Catherine Bourke

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

17. INFORMANT Mrs. Jno. M. Cleary (ADDRESS) 309 Brush Creek Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 12/18/36 19

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 12-17 1936 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1936, to Dec 16, 1936

I last saw him alive on Dec 16, 1936. Death is said to have occurred on the date stated above, at 7 a.m. (am)

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

	Date of onset
Chronic Mitral Endocarditis	Jan 1934
Mitral Stenosis	

Other contributory causes of importance: Terminal Pulmonary Edema — 6 hrs

Name of operation None — Date of

What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None — 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) J. Henry Rabin M.D., M. D.

Address 8 W. Realty Bldg. KC Mo