JAN 19 1937

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

Do not use this space.

44909

1. PLACE OF DEATH
County JACKSON Registration District No. 399 File No.
Township RAW Primary Registration District No. 1002 Registered No. 3492
City KANSAS City (No. 857 Jefferson St. Ward)

2. FULL NAME JOHN THOMAS KALAHER

(a) Residence, No. 1857 JEFFERSON Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1873

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. YARD CLERK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FRISCO R. R.

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) UNKNOWN

FATHER

13. NAME TERRNCE KALAHER

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

MOTHER

15. MAIDEN NAME MARGARET LAUGHTON

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

17. INFORMANT (ADDRESS) JANE KALAHER

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST MARYS DATE Dec 22, 1936

19. UNDERTAKER (ADDRESS) QUIRK & TOBIN 20 W LINWOOD

20. FILED Dec 21, 1936 M. M Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1936, to 12-14, 1936.
I last saw h.. alive on 12-12, 1936. Death is said to have occurred on the date stated above, at 2.30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	1yr.
Other contributory causes of importance: Hypertension.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) James R McCrary, M. D.
(Address) 814 Rand Ant Bldg Kansas

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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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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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township — Primary Registration District No. 1002 — Registered No. 5492
City Kansas City (No. , St. Ward)

2. FULL NAME John Thomas Kalaher
(a) Residence, No. St., Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	w	m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED , 19 *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 — 19 , 19 30

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	
Arterio Sclerosis	

Other contributory causes of importance:

97

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) James R. McCoy , M. D.
(Address) 814 Medarts Bldg
KC-mo

SUPPLEMENTARY

S-44909

JAN 19 1937

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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44909

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 5492
Township KAW — Primary Registration District No. 1002 — Registered No.
City KANSA City (No. 1857 Jefferson St. Ward)

2. FULL NAME John Thomas Kalaher
(a) Residence, No. 1857 Jefferson Ward.
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Kalaher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Ja 29, 1873
7. AGE 63-65 YRS — MONTHS 10 — DAYS 10 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco. R.R.
10. Date deceased last worked at this occupation (month and year) May 11, 1936
11. Total time (years) spent in this occupation 29 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Unknown~~ Quincy, Illinois

FATHER
13. NAME ~~Terrence~~ Terrence Kalaher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret ~~Laughton~~ Lauten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Jane Kalaher
18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Dec 22, 19[illegible]
19. UNDERTAKER (ADDRESS) Quirk + Tobin. 20 W Linwood
20. FILED Dec 21, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19, 1936
22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1936, to 12-19, 1936
I last saw him alive on 12-12, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	1 yr.

Other contributory causes of importance: Hypertension.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

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) James B. McVay, M. D.
(Address) 814 [illegible] Kansas

Items #7, 10, 11, 12, 13 & 15 corr. by aff. from Son - 1-15-79

JAN 19 1937

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1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 5492
Township KAW — Primary Registration District No. 1002 — Registered No.
City KANSA City (No. 1857 Jefferson St. Ward)

2. FULL NAME John Thomas Kalaher
(a) Residence, No. 1857 Jefferson Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Kalaher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Ja 29, ~~1873~~ 1871
7. AGE 63 YRS MONTHS 10 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco. R. R.
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) Unknown.

FATHER
13. NAME Teernce Kalaher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret Laughton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Jane Kalaher
18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Dec 22, 19[illegible]
19. UNDERTAKER (ADDRESS) Quirk + Tobin. 20 W Linwood
20. FILED Dec 21, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19, 1936
22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1936, to 12-19, 1936
I last saw him alive on 12-12, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	1 yr.

Other contributory causes of importance: Hypertension.

Item #6 corr. by aff. from Son- 6-29-79.
Verf. by Funeral Home Record-Quirk & Tobin-
Now McGilley-dated 12-19-36

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) James B. McVey, M. D.
(Address) 814 Med Arts Bldg Kansas