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.

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

Do not use this space.

JUL 14 1939

21865

1. PLACE OF DEATH

24 County Clay | Registration District No. 198 | File No.

Township ~~Fishing River~~ | Primary Registration District No. 3011 | Registered No. 80

3 City Excelsior Springs, Mo (No. Veterans Administration Facility St. 3d Ward)

1 400

2. FULL NAME CAHILL, Mark Joseph

(a) Residence, No. 1301 E. 6th St., Ward. Sedalia, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8, 1889

7. AGE: YEARS 50 | MONTHS 0 | DAYS 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedalia, Mo. 0

FATHER

13. NAME Peter Cahill 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER

15. MAIDEN NAME Ellen Maher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia, Mo DATE 6-2-39 19

19. UNDERTAKER (ADDRESS): John C. Prather
Excelsior Springs, Mo.

20. FILED June 3, 1939 Mrs. Ria M. Crackin 180
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-24-39, 19, to 6-1-39, 19

I last saw him alive on 6-1-39, 19 Death is said to have occurred on the date stated above, at 10:45 p.m.

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

	Date of onset
Hypertension, arterial, severe	
Myocardial disease with degeneration	
Arteriosclerosis, general	

Other contributory causes of importance: 93 C

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? 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. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) E. K. Moore, M.D.

(Address) E. K. MOORE, MD, Clinical Director
Veterans Administration Facility
Excelsior Springs, Missouri

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7/11/39