

JUL 27 1929

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

Do not use this space.

22374

1. PLACE OF DEATH

County Ray  
Township Raymond  
City Highland

Registration District No. 744  
Primary Registration District No. 3635

File No. ....  
Registered No. 49  
St. .... Ward)

2. FULL NAME

Thomas J. Hannigan

(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 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) Oct. 18, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33 8 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) New York

10. NAME OF FATHER Thomas Hannigan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

14. INFORMANT George Mackel  
(Address) Kansas City, Missouri

15. June 23, 1929  
FILED T. B. Fay  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1929

17. I HEREBY CERTIFY, that I attended deceased from .....  
....., 19....., to June 21, 19.....  
that I last saw him alive on ..... 19....., and that  
death occurred, on the date stated above, at 11:20 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental drowning  
from capsized motor boat  
2130

CONTRIBUTORY (SECONDARY) None

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Dr. W. J. Gainer M.D. Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City, Kansas DATE OF BURIAL June 29

20. UNDERTAKER E. Hannigan ADDRESS Richard

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.

89  
6  
4  
23  
2  
31

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320