

90024  
FEB 19 1935

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

Do not use this space.

1349

1. PLACE OF DEATH

County JACKSON Registration District No. 293  
Township RAW Primary Registration District No. 1003  
City KANSAS CITY (No. 4157-HARRISON 2ND FLOOR St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 17 215  
Registered No. \_\_\_\_\_

2. FULL NAME THOMAS MARSHALL DEACY

(a) Residence, No. 4157-HARRISON St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 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 MRS. EDWARD ANN DEACY  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-3-1851  
7. AGE YEARS 83 MONTHS 10 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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. YAN NOY NEWS CO.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) RAY COUNTY  
(STATE OR COUNTRY) MISSOURI

13. NAME WILLIAM W. DEACY

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

15. MAIDEN NAME SPURLOCH

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

17. INFORMANT MRS. EDWARD ANN DEACY  
(ADDRESS) 4157-HARRISON ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE BUNNY SLOPE CEM. RICHMOND, MO. DATE JAN-16 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS  
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Jan 16 1935 M. M. Kerone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-14 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20 1878 to Jan 14 1935  
I last saw him alive on Jan 14 1935 Death is said to have occurred on the date stated above, at 4:10 P.M.

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

Cerebral Hemorrhage Date of onset 1-10-35

8201

Other contributory causes of importance: Arteriosclerosis 20 years

Name of operation none 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? none  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Milton B. Bechtel, M. D.  
(Address) 1207 Tielto Bldg K.C. Mo.

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.

RECORD WITH UNPAID INR—THIS IS A PERMANENT RECORD

1207 Realto Bldg.

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