

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

Do not use this space.

27186

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City (No. 3159), Bell St. 5 Ward 3

File No. _____

Registered No. 3148

St. _____ Ward _____

2. FULL NAME Mrs. Mary Neenan

(a) Residence. No. 3159 Bell St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. _____ mos. _____

Ward 3

(If nonresident give city or town and State)

How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21 1874

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

53

6

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

10. NAME OF FATHER Thomas White

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Johanna Graeney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Thomas Neenan
(Address) 3159 Bell

15. FILED 9/7 1927 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1927¹⁹

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1927 to Sept 6, 1927 that I last saw her alive on Sept 6, 1927, and that death occurred, on the date stated above, at 7:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of abdominal vessels also of left pleural cavity

5 yr (duration) 1 yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

4 yr (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/15/1926

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) A. J. Keene, M. D.

9/6, 1927 (Address) Keene

*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 DATE OF BURIAL

St. Mary's Cemetery 9/9/27 19

20. UNDERTAKER

ADDRESS

Quirk & Tobin--20 West Linwood

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.

DEPARTMENT RECORD

