

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

Do not use this space.

36479

1. PLACE OF DEATH
 County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 306
 City Washington St. _____ Ward _____

2. FULL NAME Heleen Pauline Gennessy
 (a) Residence No. Labadie Mo. Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 12 yrs. 6 mos. 5 ds. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 - 1905

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>12</u>	<u>6</u>	<u>5</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (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) Vigfus Mo.

10. NAME OF FATHER Hennis Gennessy

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

12. MAIDEN NAME OF MOTHER Mary Logan

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

14. INFORMANT (Address) Glenn Gennessy Labadie Mo.

15. SIGNED Dec 7 1927 R. L. Munn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 14 1927 to Dec 1 1927 that I last saw her alive on Nov 30 1927, and that death occurred, on the date stated above, at 5:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis 12/1
1290 (duration) Don't know yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Don't know (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Labadie Mo.
 IF NOT AT PLACE OF DEATH: _____ DATE OF _____
19. DID AN OPERATION PRECEDE DEATH? No
20. WAS THERE AN AUTOPSY? No
21. WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Robert R. Cutler, M. D.
Dec 2, 1927 (Address) Washington, Mo.

*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 Bethel Ceme Labadie Mo. **DATE OF BURIAL** 12-2-27

20. UNDERTAKER Nieburg & Vitt Washington **ADDRESS** _____

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.

1928

