B 20 1928

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

Do not use this space.

495

1. PLACE OF DEATH

County Clark — Registration District No. 190 — File No.

Township — Primary Registration District No. 4113 — Registered No. 4

City Kahoka (No. ..... St. ..... Ward)

2. FULL NAME Mitt. Kilkenny

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: W.

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20. 1852

7. AGE: Years 75 — Months 3 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer Retired

(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): New York.

PARENTS

10. NAME OF FATHER: James Kilkenny

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

12. MAIDEN NAME OF MOTHER: Kathryn O'Connor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New York.

14. INFORMANT (Address): John Kilkenny, Williamstown Mo.

15. FILED 1/8, 1928. J. R. Bridges, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1927, to Jan 8, 1928, that I last saw him alive on Jan 8, 1928, and that death occurred, on the date stated above, at 1:35 P.M.

THE CAUSE OF DEATH* ~~WAS AS FOLLOWS~~:

Infectious

Jaundice

39 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Dixon, M. D

1/8, 1928 (Address)

*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: Gion Hill Cem. — DATE OF BURIAL: Jan. 26 1928

20. UNDERTAKER: Fred J Karle — ADDRESS: Kahoka 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.