

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

Do not use this space

29779

PLACE OF DEATH
 County..... Buchanan Registration District No. 85
 Township.....
 Primary Registration District No. 1001
 City..... St. Joseph, (No. Noyes Hospital) St. Ward)

File No.
 Registered No. 1088

2. FULL NAME..... William Cooney
 (a) Residence. No. St. Joseph, Mo. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 58 | 0 | 0 |
 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).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn.
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT..... Noyes Hosp. records.
 (Address) St. Joseph, Mo.
 15. FILED..... John S. [Signature] REGISTRAR
 SEP 15 1928

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15, 1928
 17. I HEREBY CERTIFY That I attended deceased from Sept 14, 1928, to Sept 15, 1928 that I last saw h. alive on Sept 14, 1928, and that death occurred, on the date stated above, at 3.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Haemia Chronic and
31 Gangrene of Penis
 (duration) Unknown da.
 CONTRIBUTORY Chronic nephritis
 (SECONDARY) (duration) 2 yrs. 9 mos. 9 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
 WAS THERE AN AUTOPT..... No.
 WHAT TEST CONFIRMED DIAGNOSIS Signs & Symptoms
 (Signed) Clarence A. Cash, M. D.
Sept. 15, 1928 (Address) St. Joseph 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 City Cemetery DATE OF BURIAL Sept. 15, 1928

20. UNDERTAKER Walter Mauchoffen ADDRESS 1302 Parson ST.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1928

