

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

Do not use this space.

24850  
3262

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City, Mo. (No. 3336 Passo) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Baroline Keenegan <sup>210</sup>  
 (a) Residence. No. 3336 Passo St. 13 Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 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 Joseph P. Keenegan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77      0      2

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) obersiv  
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER M. Gallin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hannah Kamm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
 (STATE OR COUNTRY)

14. INFORMANT Joseph P. Keenegan  
 (Address) 3336 Passo

15. FILED 7/29 1929 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1928, 19\_\_\_\_ to July 1929, 19\_\_\_\_, that I last saw her alive on July 25 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Softening  
etc (duration) 4 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) J. R. Keaff, M. D.  
7/29 1929 (Address) 626 1/2 Adams

\*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 Chillicathe Mo DATE OF BURIAL July 30 1929

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

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.

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626 Gathright Bldg

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