

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

Do not use this space.

29025

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 100
 City St. Louis (No. 4766, Maffitt Av. St. Ward)

File No.
 Registered No. 8135

2. FULL NAME

(a) Residence. No. St. 6 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>9</u>	<u>26</u>	

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 Mr. M. Namee

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

12. MAIDEN NAME OF MOTHER Eleanor Bogan

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

14. INFORMANT Lawrence Kenny
 (Address) 4766 Maffitt Av

15. FILED May 19 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-6 1929

17. I HEREBY CERTIFY, That I attended deceased from May, 1929, to Aug 5, 1929 that I last saw her alive on 8-5-29, 1929, and that death occurred, on the date stated above, at 10 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
 (duration) yrs. 2 mos. ds.
 CONTRIBUTORY (SECONDARY) hypertension
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Whot a Venk M. D.

, 19 (Address) 5301 E. Chestnut

*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 Calvary DATE OF BURIAL 8-8 1929

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

Union - Easter

10³⁰ - to 12^{noon}