

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

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.

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

Do not use this space.

15387

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph (No. St. Joseph Hospital)

File No.
Registered No. 608
St. Ward)

2. FULL NAME John Joseph Cunerty

(a) Residence. No. 1009 Ridenbaugh Street St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 30, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Policeman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Armour & Co.

9. BIRTHPLACE (CITY OR TOWN) Haverstraw
(STATE OR COUNTRY) New York

10. NAME OF FATHER Dennis Cunerty

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

12. MAIDEN NAME OF MOTHER Bridget Kelly

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

14. INFORMANT Mrs. Elizabeth Cunerty
1009 Ridenbaugh St., - St Joseph Mo.

15. FILED 21 1930
John E. [Signature]
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930

17. I HEREBY CERTIFY That I attended deceased from May 20 1930 to May 20 1930
that I last saw him alive on May 20 1930, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy
82 A
77 (duration) yrs. mos. ds. 18
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. mos. ds. 20

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) John E. [Signature], M. D.

May 21, 1930 (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 Mt. Olivet Cemetery DATE OF BURIAL May 22 1930

20. UNDERTAKER W. S. Sinden ADDRESS 1802 Union St.

