

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

Do not use this space.

34993

791
1008

File No. 10421
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City _____ (No. 7708 Water St)

2. FULL NAME *Bridget Mc Kenna*

(a) Residence. No. 7708 Water St. 1 Ward. (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Michael Mc Kenna</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct 1840</i>		
7. AGE YEARS <i>90</i>	MONTHS <i>Unknown</i>	DAYS <i>Unknown</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>at Home</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 31st* 19*30*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 15th* 19*30*, to *Oct 31st* 19*30*, that I last saw him alive on *Oct 30th* 19*30*, and that death occurred, on the date stated above, at *12:30* p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstruction of Bowel - Intussusception
 (duration) yrs. mos. *7* da.

CONTRIBUTORY (SECONDARY) *Myocarditis acute*
 (duration) yrs. mos. *4* da.

18. WHERE WAS DISEASE CONTRACTED
 NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____
 WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) *Joseph Hardy*, M. D.
 Nov. 1, 1930 (Address) *7602 S. Redway*

*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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

PARENTS	10. NAME OF FATHER <i>James Lunn</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>
	12. MAIDEN NAME OF MOTHER <i>Ann O'Donnell</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>

14. INFORMANT *Ann Mc Kenna*
 (Address) *7708 Water St*

15. FILED *NOV - 3 1930* *Maple Street*
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Mount Olive* DATE OF BURIAL *11-3-1930*

20. UNDERTAKER *Southern* ADDRESS *6320 Grand Blvd*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PRECEDENCE OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

