

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

Do not use this space.

37433

1. PLACE OF DEATH

County..... Registration District No. 701  
Township..... Primary Registration District No. 1022  
City..... (No. St. Louis) St. Johns Ward

File No.....  
Registered No. 10483  
St. .... Ward

2. FULL NAME

(a) Residence. No. 1359 Hydabado St. 47 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>WIDOWED</u> (OR) HUSBAND OF <u>Dennis Cooney</u> (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>abk 1854</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>about 76</u>	<u>Unknown</u>			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
PARENTS	10. NAME OF FATHER <u>Unknown Kennedy</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	12. MAIDEN NAME OF MOTHER <u>Unknown Powell</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
14. INFORMANT (Address) <u>Sister Mary Juliana St. Johns Hospital</u>				
15. FILED <u>75 132</u> <u>St. Johns Hospital</u> REGISTRAR				

2 ✓ MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1930

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to Nov 3, 1930 that I last saw h. a. f. l. alive on Nov 3, 1930 and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho pneumonia  
1078  
02  
(duration) ..... yrs. .... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Bronchitis chronic  
non tubercular (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. 1078

DID AN OPERATION PRECEDE DEATH? no DATE OF None

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Study  
(Signed) Pierce Powers, M.D.  
, 19 30 (Address) 307 So. Euclid

\*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 Central Cemetery DATE OF BURIAL Nov. 5 1930

20. UNDERTAKER Kresshauser & Co. Undertakers ADDRESS St. Louis

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.

