

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

Do not use this space.

26101

1. PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Manchester Nursing Home St. _____ Ward _____

2. FULL NAME Mary J. Keenan
 (a) Residence No. 429 Hay Ave Kirkwood Mo 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OR (OR) WIFE OF Michael Keenan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 | 0 | 1 | _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Albany (STATE OR COUNTRY) _____

PARENTS
 10. NAME OF FATHER Rich. Shanney
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Albany (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Allen Costello
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Albany (STATE OR COUNTRY) _____

14. INFORMANT H. L. Haas
 (Address) 429 Hay Ave Kirkwood Mo

15. FILED 7/7, 1931 P. C. Bennett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/6 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/1 _____, 1931, to 7/6 _____, 1931, that I last saw her alive on 7/6 _____, 1931, and that death occurred, on the date stated above, at 630 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of uterus
48 (copied)
 (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 48
 (duration) _____ yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical Examination
 (Signed) C. Leslie M. D.

7/6, 1931 (Address) Kirkwood 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 St Paul, Minn. DATE OF BURIAL July 8 1931

20. UNDERTAKER Louis H. Bopp ADDRESS Kirkwood Mo.

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.

AUG 29 1931

