

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 785

Township Central

Primary Registration District No. 6031

City St. Louis (No.)

File No. 29271

Registered No. 185

St. Ward

2. FULL NAME

Bridget Cooney

(a) Residence. No. St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 92

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Home House Work (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

PARENTS 10. NAME OF FATHER Michael Keenan 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland 12. MAIDEN NAME OF MOTHER Catharine Burke 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Kate Cooney (Address) Fulton Mo

15. FILED 1931 E. Barwood REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1931, to Aug 12th, 1931, that I last saw her... alive on Aug 12, 1931, and that death occurred, on the date stated above, at 5:15 p.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic nephritis

131

CONTRIBUTORY (SECONDARY) 131 (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 None (Signed) F. P. Shenn, M. D. 8/14, 1931 (Address) Valley Park 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 New Haven Catholic Church DATE OF BURIAL Aug 17 1931

20. UNDERTAKER Geo G Koch ADDRESS Fulton Mo

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.

SEP 25 1931

