

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

Do not use this space.

38666

**1. PLACE OF DEATH**

County Randolph

Registration District No. 735

File No. 38666

Township Moberly

Primary Registration District No. 3034

Registered No. 219

City Moberly

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Franklin Hennessey

(a) Residence No. 127 Collins St. \_\_\_\_\_ 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. 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)**

Widower

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

Nancy Ellen Hennessey

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 7 1865

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>2</u>	<u>27</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Miner  
(b) General nature of industry, business, or establishment in which employed (or employer) Coal.  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**PARENTS**

**10. NAME OF FATHER**

Don't know.

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know.

**12. MAIDEN NAME OF MOTHER**

Don't know.

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**14.**

**INFORMANT**

(Address) Carl Hennessey  
127 Collins St

**15.**

FILED 11/3 1931 Thos. J. Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

✓

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Nov. 3 - 31

**17.**

I HEREBY CERTIFY That I attended deceased from Nov. 8 - 31, to Nov. 3 - 31, 1931, that I last saw him alive on Nov. 18, 1931, and that death occurred, on the date stated above, at 8 am, m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

apoplexy

**CONTRIBUTORY (SECONDARY)** arterial Hypertension (duration) 1 yrs. 1 mos. 0 ds.

J. J. O'Connell (duration) ? yrs. 0 mos. 0 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 Clinical & Lab.

(Signed) R. E. Fisher, M. D.

, 19 31 (Address) Moberly Mo

\*State the DISEASE CAUSING DEATH, or in deaths from ACCIDENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Howards Co  
Hackley Cemetery

**DATE OF BURIAL**

Nov 5 1931

**20. UNDERTAKER**

Snow Heaverton Moberly 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.

