

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

Do not use this space.

10630

1. PLACE OF DEATH

County Registration District No. *78*
 Township Primary Registration District No. *3003*
 City *St. Louis* (No. *5394*, *Washington*) St. Ward

File No.
 Registered No. **2697**
 St. Ward

2. FULL NAME

(a) Residence, No. *261* *Solo. Mo* St. *12* Ward. *Solo. Mo*
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *60* 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>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>James B. Kearney</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE <i>about 81</i>	YEARS	MONTHS
	DAYS	IF LESS than 1 day hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>housekeeper</i>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland 15</i>		
MOTHER FATHER	13. NAME <i>Thos. Murphy</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
	15. MAIDEN NAME <i>Anna Boyle</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
17. INFORMANT (ADDRESS) <i>J. B. Kearney, 261 Solo. Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Mary's</i> DATE <i>Mar 19 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Richardson & Co. 706 Capital Bldg</i>		
20. FILED <i>Mar 21 1932</i>		

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 19 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 12 1932* to *Mar 19 1932*

I last saw him alive on *Mar. 19 1932* Death is said

to have occurred on the date stated above, at *9:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset *Mar 16 1932*
108
925

Other contributory causes of importance:
Chronic Myocarditis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *John B. Kearney*, M. D.
 (Signed) *John B. Kearney*
 (Address) *706 Capital Bldg*

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.

