

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

Do not use this space.

32272

1. PLACE OF DEATH Jackson Registration District No. 389
 County Jackson File No. 5739
 Township Kaw Primary Registration District No. 100
 City Kansas Cnty, Mo No. 7426, Penn St. _____ Ward _____

2. FULL NAME George B. Kearney
 (a) Residence, No. 7426 Penn St. 8 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Kearney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1855
 7. AGE YEARS 77 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Custodian
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Kentucky

13. NAME John Kearney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Myrtle Kearney
 (ADDRESS) 7426 Penn

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Corinth Cem DATE 10-11-32

19. UNDERTAKER R.V. Lindsey & Sons, Inc.
 (ADDRESS) K.C. Mo.

20. FILED 10/10 1932 M. M. Corone
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9-32, 1932

22. I HEREBY CERTIFY, that I attended deceased from May 1931 to Oct 9 1932
 I last saw him alive on Oct 9 1932 Death is said to have occurred on the date stated above, at 1:30 PM m.
 The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis (Date of onset before May 31)
131
 Other contributory causes of importance: 131

Name of operation 22 Date of _____
 What test confirmed diagnosis? Clinical as there an autopsy? no

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? 220
 If so, specify _____
 (Signed) M. M. Corone M. D.
 (Address) 404 1/2 W 75th St. K.C. 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.

WHILE YEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

