

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

Do not use this space.

73 1. PLACE OF DEATH
 County Newton Registration District No. 612
 Township Dave Burren Primary Registration District No. 5814
 City (No. St. Ward)

2. FULL NAME Martin Kearney
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 8857
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1852
 7. AGE YEARS 80 MONTHS 3 DAYS 27 If LESS than 1 day, hrs. or min. 28
 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. Retired
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1933
 2. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1933 to Feb. 20 1933
 I last saw him alive on Feb. 20 1933 Death is said to have occurred on the date stated above, at 12.0 m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Fever
Acute Pneumonia
 Date of onset
 108
 108
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peew
 13. NAME Wm Kearney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Anna Manly
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT B. C. Spumbman
 (ADDRESS) Peew
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Ignace DATE Feb 22 1933
 19. UNDERTAKER Wm Maul Jr.
 (ADDRESS) Peew City Mo.
 20. FILED Feb 21 1933 Grace Hudson
 Registrar.

Name of operation Date of
 What test confirmed diagnosis? Physic Was 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
 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? no
 If so, specify
 (Signed) R. J. Cheafers M. D.
 (Address) Diamond 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.

1933

