

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

Do not use this space.

DEC 13 1934

41156

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Mo. (No. ...., ..... St. .... Ward)

File No. ....  
Registered No. 11132  
St. .... Ward)

**2. FULL NAME** Thomas M. Kenna  
(a) Residence, No. City Infirmary St., 13 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Single</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>May 7, 1856</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>78</u>	<b>MONTHS</b> <u>6</u>	<b>DAYS</b> <u>15</u>	<b>IF LESS than 1 day, ..... hrs. or ..... min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Laborer</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Ireland</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>John M. Kenna</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Ireland</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Gatherine Campbell</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Ireland</u>			
<b>17. INFORMANT</b> <u>J. J. Sullivan</u> (ADDRESS) <u>5800 Arsenal St.</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE <u>Calvary Cem.</u> DATE <u>Nov. 21</u> , 19 <u>34</u>				
<b>19. UNDERTAKER</b> <u>J. M. Gelpert and UCO</u> (ADDRESS) <u>2842 Greenwood St.</u>				
<b>20. FILED</b> <u>OV 22 1934</u> <u>J. Brebeck</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Nov 17, 1934

**22. I HEREBY CERTIFY**, That I attended deceased from Dec 30, 1927, to Nov 17, 1934  
I last saw him alive on Nov 17, 1934. Death is said to have occurred on the date stated above, at 1:10 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset 1926  
936  
167  
Senility 1926

Other contributory causes of importance:  
Senility

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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....., 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?** No  
If so, specify.....  
(Signed) Marion T. Hall, Jr., M. D.  
(Address) 5600 Arsenal

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.

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