

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.

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

Do not use this space.

FEB 20 1935

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1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 100
 City St. Joseph, Mo. (No. 1723 South 12th. St. St. _____ Ward _____)

File No. _____
 Registered No. 45

2. FULL NAME Patrick Joseph Carney

(a) Residence, No. 1723 South 12th. St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1873
 7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
61 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Patrick's Church.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 37

12. BIRTHPLACE (CITY OR TOWN) Victor, Co. (STATE OR COUNTRY) New York.

MOTHER FATHER 13. NAME John Carney
 14. BIRTHPLACE (CITY OR TOWN) Castle Bar County Mayo, (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Hennehan
 16. BIRTHPLACE (CITY OR TOWN) Castle Bar County Mayo, (STATE OR COUNTRY) Ireland

17. INFORMANT Father John McKeown (ADDRESS) 1723 S. 12th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. PLACE St. Joseph, Mo. DATE Jan. 14 1935

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph, Mo.

20. FILED 1-11 1935 John R. Borden, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 9 1935 to Jan 6 1935. I last saw him alive on Jan 16 1935. Death is said to have occurred on the date stated above, at 4:30A m.

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

Coronary Obstruction Date of onset Jan. 9, 1935
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Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? telmet 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) John R. Borden, Jr. M. D.
 (Address) St. Joseph, Mo.

