

MAY 29 1935

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

Do not use this space.  
16968

## 1. PLACE OF DEATH

County Lafayette Registration District No. 464  
Township \_\_\_\_\_ Primary Registration District No. 4277  
City Adrian Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary Kearney  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Patrick E. Kearney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Frankfort (STATE OR COUNTRY) Pa. - Kittanning

13. NAME Nichols Powers

14. BIRTHPLACE (CITY OR TOWN) Frankfort (STATE OR COUNTRY) Pa. - Kittanning

15. MAIDEN NAME Johanna Miller

16. BIRTHPLACE (CITY OR TOWN) Frankfort (STATE OR COUNTRY) Pa.

17. INFORMANT Mrs. F. Carr (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACES St. Ignace Church May 6 35

19. UNDERTAKER Whitcomb & Sons (ADDRESS) Adrian Mo.

20. FILED 5-10- 1935 - MO. E. M. Goodwin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-29-35 1935, to 5-4-35 1935

I last saw him alive on 5-4-35 1935. Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Bronchial Pneumonia Date of onset 4-25-35

Other contributory causes of importance:

(1) Pleuritis, (2) Cardiac-Paul-Vascular Disease, (3) Senility, (4) Senile Dementia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical 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 \_\_\_\_\_, 1935

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) W. H. Worley, M.D.

(Address) Adrian Mo.

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.

