

Recd 2 2 1936

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

Do not use this space.

19664

1. PLACE OF DEATH

County Jackson
Township Yew
City Kansas City

Registration District No. 253
Primary Registration District No. 109
(No. 3414 Penn)

File No. _____
Registered No. 2300
St. _____ Ward _____

2. FULL NAME Mrs. Norah Kenny

(a) Residence, No. 3414 Penn St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30 1907

7. AGE YEARS 48 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. or min.

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

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) Ireland

13. NAME Patrick Pickett

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

15. MAIDEN NAME Elizabeth Conner

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

17. INFORMANT (ADDRESS) Joseph Kenny
3414 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE May 7 1936

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co.
20 West Linwood

20. FILED 95 19 37 M. M. Connelley Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6/2 1935 to 6/4 1935

I last saw her alive on 6-4 1935 Death is said to have occurred on the date stated above, 9:30 a.m.

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

Coronary artery Thrombosis 6/3/35 (Date of onset)

Other contributory causes of importance: 94%

Name of operation Phlebotomy 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? If so, specify _____

(Signed) M. J. Wilson M. D.
1024 Kault Bldg, Kansas City

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.

