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

SEP 25 1935

Do not use this space.

26348

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Grand — Primary Registration District No. — Registered No.

City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME Thomas J. Nerney

(a) Residence, No. 312 E 9th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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) Nov. 20-1874

7. AGE: Years 60 — Months 8 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Boston Mass

FATHER

13. NAME J. J. Nerney

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

MOTHER

15. MAIDEN NAME Hannah Winoth

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

17. INFORMANT (ADDRESS) Leona Clark K.C. Gen Hosp KCM

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 8-3-35, 19

19. UNDERTAKER (ADDRESS) Peter B. Lapetina 536 Campbell

20. FILED 8-2, 1935 M. M. Bruscato Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1935, to 8-1, 1935

I last saw h alive on 8-1, 1935 Death is said to have occurred on the date stated above, at 3:40 p.m.

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

	Date of onset
Subphrenic abscess	
Following Cholecystectomy	
Ureteral obstruction by stone	
Chronic cardio-renal vascular disease with hypertension	

Other contributory causes of importance:
Acute myocardial failure

Name of operation Cholecystectomy Date of 7/16/35

What test confirmed diagnosis? Operation Was there an autopsy? Yes

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) J. M. Jennings, M. D.

(Address) Sub-Ex Gen Hosp

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.