

JAN 29 1935

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

Do not use this space.

39563

1. PLACE OF DEATH

County Jackson Registration District No. 299
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Marys' Hospital) St. _____ Ward _____

File No. _____
Registered No. 4700

2. FULL NAME Mrs. Mary Keenan

(a) Residence, No. 3237 Benton Blvd. 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 (writes the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Keenan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 4 28
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) Kentucky

13. NAME Jerry Coughlin

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

15. MAIDEN NAME Catherine Foley

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

17. INFORMANT William Keenan
(ADDRESS) 4324 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Dec 13, 1935

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

20. FILED Dec 11 1935 M. B. Kerow

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935 to Dec. 10 1935

I last saw her alive on Dec. 10 1935 Death is said to have occurred on the date stated above, at 6:15 p. m.

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

Ruptured gangrenous appendix (date of rupture) 12/4/35
Onset probably 11/30/35

Other contributory causes of importance:

Pericardial abscess with peritonitis
Toxic myocarditis
Septicemia

Name of operation _____ Date of _____
What test confirmed diagnosis Physical 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? no

If so, specify _____

(Signed) Chas. E. Kerow, M. D.

(Address) 4202 E 24th

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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