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.

SEP 21 1936

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

Do not use this space.

30236

1. PLACE OF DEATH
County Cedar
Township
City El Dorado spgs Mo (No. , St. Ward)

Registration District No. 163
Primary Registration District No. 4095

File No.
Registered No. 41

2. FULL NAME James Heard 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1859

7. AGE YEARS 76 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Johnson Co. ~~Cole Co~~ Mo

FATHER
13. NAME John H Kearney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Mo

MOTHER
15. MAIDEN NAME Nat Knowns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) W. W. Kearney Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shell City DATE Aug 6 1936

19. UNDERTAKER (ADDRESS) Nafus Funeral Home El Dorado spgs Mo

20. FILED 8-5-1936 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Aug 4, 1936
I last saw him alive on Aug 4, 1936 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

94 a

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) [signature], M. D.
(Address) El Dorado Spgs Mo

Crawford.