

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

1008

18152

Township.....

Primary Registration District No.....

File No.....

Registered No.....

4728

City St. Louis

(No. Mo Pacific Hospital)

St.....

Ward)

2. FULL NAME William Joseph Kennevey

(a) Residence, No. 3115 Abner Place, St., 6 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1937, to 5-7, 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27-1892

I last saw him alive on 5-7, 1937 Death is said to have occurred on the date stated above, at 9:30 P.M.

7. AGE YEARS 44 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

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

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

Carcinoma of rectum Date of onset Jan 1937  
Renal failure 5-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal RR Assn

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: Heart

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) MO

13. NAME Thomas Kinnevey

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

15. MAIDEN NAME Catherine Kennedy

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

17. INFORMANT MRS. MELLIE R. KINNEVEY (ADDRESS) 3115 Abner Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary CEM DATE 5-11 1937

19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3840 Winona Blvd

20. MAY 9 1937 Registrar J. Bredek

Name of operation Colostomy Date of 4-28-37  
What test confirmed diagnosis?..... 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) Ed McShay M. D.  
(Address) Mo Pacific Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION 977

MOTHER FATHER

