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

Do not use this space.

SEP 15 1937

File No. 30137
Registered No. 863

1. PLACE OF DEATH

County: Buchanan
Registration District No.: 85
Primary Registration District No.: 1001
Township:
City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Bartholomew McAnerney

(a) Residence, No. 1014 No. 12th Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie P McAnerney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May. 11. 1855.

7. AGE: Years 82 Months 2 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Swift & Co
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: 25 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Williamsport, Pennsylvania

FATHER

13. NAME: Bartholomew McAnerney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Miss Eva McAnerney 1014 North 12th Street

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemt
PLACE St. Joseph, Mo. DATE Aug. 10 1937

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.

20. FILED Aug 9 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August. 7th. 1937.

22. I HEREBY CERTIFY, That I attended deceased from Aug, 8th 1937 to 1937
I last saw h. alive on 1937. Death is said to have occurred on the date stated above, at 11/50 a.m.
Autopsyed on
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock resulting from Internal injuries received from an attack by another person,	8/6/37

Other contributory causes of importance: none

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 8/6 1937
Where did injury occur? St Joseph Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place
Manner of injury: beaten up,
Nature of injury: Internal injuries

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) B. W. Tudlock Coroner, M. D.
(Address) King Hill Bldg.

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