

REC'D AUG 11 1938

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

24778  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 739  
(c) City St. Joseph (d) Street No. St. Joseph Hospital St.  
(e) Length of residence in city or town where death occurred 41 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Vincent Fennell 540

(a) Residence, No. 1522 So 22 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 2 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as saw mill, bank, etc. real estate  
10. Date deceased last worked at this occupation (month and year) life 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holton Kas13. NAME Thomas Fennell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Ann Rooney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Edna Pearl Fennell  
(ADDRESS) St. Joseph Mo18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marvs Kas. DATE July 18 3819. FUNERAL DIRECTOR Dairys. Pyslie  
(ADDRESS) 218 So 1920. FILED 18 38 By [Signature]  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1938

22. HEREBY CERTIFY, that I attended deceased from Jan 22 1937 to July 15 1938  
that he was alive on July 15 1938. Death is said to have occurred on the date stated above, at 9 P. M.

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

Chronic Endocarditis EmphysemaDate of onset 131

Other contributory causes of importance:

Chronic Nephritis with HypertensionName of operation Abdominal Date of July  
What test confirmed diagnosis Abdominal 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) [Signature], M. D.  
(Address) [Signature]

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.

**STATEMENT BY LICENSED EMBALMER**

I, Gray J Barry, Licensed Embalmer No. 2100

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Gray J Barry

Licensed Embalmer No. 2100

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**