

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.

1938
797

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

Do not use this space.

31729

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph (No. State Hosp. # 2) St. _____ Ward _____

File No. _____
Registered No. 934

2. FULL NAME James J. Keaney M.D.

(a) Residence, No. St. Joseph, Mo. St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Hosp. no 2.

10. Date deceased last worked at this occupation (month and year) Sept 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland Ir

13. NAME James Keaney Ir

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Daughter Miss Kathryn Keaney
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Mo. DATE Sept 30, 38

19. UNDERTAKER (ADDRESS) Fleeman & Son Inc
1946 Calhoun St.

20. FILED 9/10, 1938 H. Westebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6th, 1937, to Sept. 9, 1938.

I last saw him alive on Sept 9, 1938. Death is said to have occurred on the date stated above, at 9:00 P.M.

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

Coronary Heart Disease Date of onset ?

Other contributory causes of importance: ADP

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) R. Kuhlman, M. D.
(Address) State Hosp. no. 2.

STATEMENT BY LICENSED EMBALMER

I, John E. Pepp, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself

or by _____ Registered Apprentice No. _____

(Signed)

John E. Pepp
Licensed Embalmer No. 3986

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