REC'D JUN 8 1939

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

Do not use this space.

File No. 17562

Registered No. 1964

1. PLACE OF DEATH
County: Jackson
Township: Kan
City: Kansas City, Mo. (No. 530, St. Mary's Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Bridget F. Kennedy

(a) Residence, No. 406 W. 12th. St. Terrace, Kansas City, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15-1857

7. AGE: Years 81 Months 8 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 3-39

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

FATHER

13. NAME: Patrick Kennedy

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

MOTHER

15. MAIDEN NAME: Hannah O'Neill

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

17. INFORMANT: Michael Barrett
(ADDRESS) 218 N 17th. K.C.K.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Johns DATE: May 12, 39

19. UNDERTAKER: Jos. A. Butler & Son
(ADDRESS) K.C.K.

20. FILED: May 10, 1939 M. M. Crane
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1939, to May 9, 39
I last saw her alive on May 9, 1939. Death is said to have occurred on the date stated above, at 8:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Coronary Thrombosis	
94 Bo	

Other contributory causes of importance:

Name of operation: None 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) H. H. Powers M. D.
(Address) 1834 Rialto Bldg City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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