

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

Do not use this space.

18834

1. PLACE OF DEATH

County Moniteau  
Township Harrison  
City Harrison

Registration District No. 576  
Primary Registration District No. 5773

file No. ....  
Registered No. 8  
St. .... Ward)

2. FULL NAME

Patrice Charles McKenna

(a) Residence. No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Mary McKenna

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

June 3 - 1852

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

76

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Maryland

(STATE OR COUNTRY)

10. NAME OF FATHER

Michel McKenna

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ireland

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ireland

(STATE OR COUNTRY)

14. INFORMANT

Mrs P. C. McKenna

(Address)

15. FILED

6-10-29 H. J. Frinke  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 19 29

17. I HEREBY CERTIFY, That I attended deceased from

May 1, 1929, to May 2, 1929,  
that I last saw him alive on May 2, 1929, and that death occurred, on the date stated above, at 10 PM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho-Pneumonia

CONTRIBUTORY (SECONDARY)

1073  
1000

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. P. Duroe Jr., M. D.  
5/5, 1929 (Address) California, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Catholic Cemetery  
California, Mo

5/5 19 29

20. UNDERTAKER

ADDRESS

William V. Friedman  
California

California

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.

7 1929

Handwritten text, possibly a name or date, oriented vertically on the left side of the page.

Handwritten text, possibly a name or date, oriented vertically on the right side of the page.