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

Do not use this space.

18796

File No. .....

Registered No. 634

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township ..... Primary Registration District No. 1001

City St. Joseph. (No. 701 South 17th Street. St. ..... Ward)

2. FULL NAME Matthew C. Feeney.

(a) Residence, No. 701 South 17th 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 59 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

JUL 21 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White.	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1872.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	10	7	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hax Smith Furniture Co.

10. Date deceased last worked at this occupation (month and year) June 27, 1932.

11. Total time (years) spent in this occupation 25 Years

12. BIRTHPLACE (CITY OR TOWN) St. Joseph. (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Charles Feeney.

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

MOTHER

15. MAIDEN NAME Unknown.

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

17. INFORMANT Martin Feeney. (ADDRESS) 701 South 17th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Olivet. DATE June 30, 1932

19. UNDERTAKER T. O. Sidenfadin (ADDRESS) 1802 Union Street.

20. FILED JUN 29 1932 John R. Kessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1932

22. I HEREBY CERTIFY That I attended deceased from June 28, 1932, to June 28, 1932

I last saw h. alive on June 28, 1932. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

	Date of onset
Myocardial Degeneration	6/28/32
Chronic Valvular Heart Disease	

Other contributory causes of importance:

Chronic Myocarditis
Emphysema of Lungs chronic

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) Gordon D. Wright M. D.

(Address) 845-2019 St. Joseph, Mo.