

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

Do not use this space.

1. PLACE OF DEATH **Mar 5 6 1935**

County **Moniteau**

Registration District No. **574**

Township **Linn**

Primary Registration District No. **59729**

City (No.)

St. Ward

2. FULL NAME **George Washington Kenney**

(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 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 **Martha Jane Kenney**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 15 - 1868**

7. AGE YEARS **74** MONTHS **4** DAYS **10** IF LESS than 1 day, hrs. min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Texas**

13. NAME **Washington Kenney**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Emerine Clark**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **J. W. Kenney**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Splice Creek Cem.** DATE **2 - 26 - 35**

19. UNDERTAKER **C. A. Hornbeck**

20. FILED **3/1** 1935 **Ellis O. Kaeke** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2 - 22 - 35**

22. I HEREBY CERTIFY, That I attended deceased from **2 - 10 - 35** to **2 - 22 - 35**

I last saw him alive on **2 - 24 - 35** Death is said to have occurred on the date stated above, at **9:00** m.

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

Chronic valvular disease of heart unknown

Other contributory causes of importance: **70**

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) **A. L. Mureluth** M. D.

(Address) **Pravie House 1105**

6123

File No. **1936**

Registered No.

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.

1935- 20 25-
60 10 15
70 4 10