

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

21680

1. PLACE OF DEATH

County Moniteau
Township Walker
City (No.) St. Ward

Registration District No. 571
Primary Registration District No. 5769

File No.
Registered No. 44

2. FULL NAME Nessiah Kenney

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 / 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

10. NAME OF FATHER Wm E Cleghorn,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO,

12. MAIDEN NAME OF MOTHER Fanny Coffolt,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO,

14. INFORMANT (Address) E. R. Kenney
Super. City of Mar

15. FILED 7-11 19. B. N. Bybee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7th 19 22

17. I HEREBY CERTIFY, That I attended deceased from July 3rd 1922, to July 7th 1922, that I last saw h. or ... alive on July 7th 1922, and that death occurred, on the date stated above, at 11 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute ascending
g.P. Paralysis
102

CONTRIBUTORY High Blood pressure
(SECONDARY) (duration) yrs. mos. ds. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IS NOT A PLACE OF DEATH? NO

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF ...
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jno. P. Burke M. D.
, 19 (Address) California, MO

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
New Hope Church 7/11 19 22

20. UNDERTAKER ADDRESS
Bowlin + Morrow California MO

N. B.—Every item of information should be carefully supplied. AGE should be stated Ex. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

