

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

Do not use this space.

33048

1. PLACE OF DEATH

County.....Cole.....

Registration District No.....213.....

Township.....

Primary Registration District No.....3014.....

City.....Jefferson.....

(No.....)

File No.....

Registered No.....305.....

St.....Ward.....

2. FULL NAME Mrs. Anna Elizabeth Kenney

(a) Residence. No.....1120 E. High..... 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

4. COLOR OR RACE

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

Female

White

Widowed

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

Brooks Kenney

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

July 10-1880

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

67

4

10

8. OCCUPATION OF DECEASED

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

At Home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Callaway Co.

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Jno. Wesley Bartlet

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Sarah Farmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT J. W. Kenney

(Address) Jefferson City, Mo.

15.

FILED.....19.....Dec 2, 27.....S. D. Bedford M.D......REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-20-27 19

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1927, to Nov 19, 1927, and that I last saw him alive on Nov 19, 1927, and that death occurred, on the date stated above, at 4:10 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
9-10-27 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration).....yrs.....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....no.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Jas. A. Hill M.D.

11/21, 1927 (Address) Jefferson City, 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

Hart Hill Cem.

11-22 1927

20. UNDERTAKER

ADDRESS

Chas. P. Heinrichs

J. C. Mo.

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.

