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

Do not use this space.

5221

1. PLACE OF DEATH
County: Jackson — Registration District No. 399 — File No.
Township: Raw — Primary Registration District No. 1002 — Registered No. 883
City: Kansas City (No. 4132 Tracy St. Ward)

2. FULL NAME: Charles A. Kenney
(a) Residence. No. 4132 Tracy St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Kenney
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 23 1866
7. AGE: 61 YEARS, 10 MONTHS, 3 DAYS — If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Leverman
(b) General nature of industry, business, or establishment in which employed (or employer): KC Terminal
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Harry L. Kenney
(Address) 4132 Tracy
15. FILED 7/27, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/26 1928
17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1926, to Feb 26, 1928, that I last saw him alive on Feb 26, 1928, and that death occurred, on the date stated above, at 5:20 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia (Hypostatic)
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY): Diabetes Mellitus
(duration) 5 yrs. mos. ds.
Chronic myocarditis duration 2 yrs
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) R. J. Wilson, M.D.
7/27, 1928 (Address) 4728 Prospect

*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: Memorial Pk — DATE OF BURIAL: Feb 28 1928
20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: City

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

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48th to

2-5 prospect