WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33746

File No. 4287

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 3802 Woodland St. Ward)

2. FULL NAME: Bennie Dean Kenyon

(a) Residence. No. 3802 Woodland 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 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept-7-1928

7. AGE: Years — Months: 1 — Days: 14 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Thurston D. Kenyon

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Iowa

12. MAIDEN NAME OF MOTHER: Lillie Bullmaster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs. Lillie Kenyon
(Address): 3802 Woodland

15. FILED: 10/29, 1928 — M M Crowe, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct-21 1928

17. I HEREBY CERTIFY, That I attended deceased from 10/21, 1928, to 10/21, 1928 that I last saw h/ alive on 10/21, 1928 at 6 p.m. and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Marasmus
Malnutrition
15 d
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 160
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Ralph Ringolsby M.D.
10/21/1928 (Address) 3009 Gillis 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: Woodlawn — DATE OF BURIAL: Oct 22, 1928

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K.C. Mo.

Dr. R. Coffey.
Gate City Bank Bldg.

[illegible]

[illegible]

2-31-5