JAN 21 1929

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

Do not use this space. 39505

85

1. PLACE OF DEATH
County Buchanan. Registration District No. 1001 File No.
Township Primary Registration District No. Registered No. 1422
City St. Joseph. (No. 2921 Felix St. Ward)

2. FULL NAME John Wesley Kenney
(a) Residence. No. 2921 Felix St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 60 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): Widowed

5A. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF: Helen Kenney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 12 - 1836

7. AGE: Years 92 | Months 5 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgetown Ky. Kentucky

PARENTS
10. NAME OF FATHER: Rev B.F. Kenney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky
12. MAIDEN NAME OF MOTHER: Sophia - Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

14. INFORMANT: Mrs John B. Campbell
(Address) 2921 Felix St. Joseph, Mo.

15. FILED DEC 17 1928 19 John G. Jotz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 16th 1928

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed Body ....., 19...., to ....., 19.... that I last saw him alive on ....., 19...., and that death occurred, on the date stated above, at 7:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
92A
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. W. Tadlock (Coroner), M.D.
12/16, 1928 (Address) Lincoln Bldg

*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: Mt. Mora Cemetery. DATE OF BURIAL: Dec 17 1928

20. UNDERTAKER: Fleeman Funeral Home ADDRESS: 1208 Francis

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

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2.