

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

Do not use this space.

1875

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City K.C. Mo.

Registration District No. 399

Primary Registration District No. 1002

File No. 468

Registered No. 468

St. Ward

**2. FULL NAME**

(a) Residence. No. 3409 Montgomerie St. 14 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 10 ds. How long in U.S., if of foreign birth? yrs. 10 mos. 10 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

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

Married

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

Clarence H. Cheney

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

Oct 1 - 1876

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. 28 min.

58

3

28

**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)**

(STATE OR COUNTRY)

Mo.

**10. NAME OF FATHER**

John Glenn

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.

**12. MAIDEN NAME OF MOTHER**

Esther Preston

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.

**14.**

INFORMANT

(Address)

Clarence H. Cheney  
3409 Montgomerie

**15.**

FILED

1-30-29 M. W. Love  
Asst. REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan 29 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from

Jan 17, 1929, to Jan 29, 1929, that I last saw him alive on Jan 29, 1929, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1. Bronchial Asthma 131  
112

**CONTRIBUTORY**

Chronic Interstitial nephritis  
(SECONDARY)  
to Nitrogen retention (duration) ? yrs. 131 mos. 112 ds.

**18. WHERE WAS DISEASE CONTRACTED**

Indonesian

IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? Yes

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Chinick's & Shulz

(Signed) Wilson A. Myers, M. D.

1/30, 1929 (Address) 815 Shurkey 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**

**DATE OF BURIAL**

Elmwood Jan 31 1929

**20. UNDERTAKER**

**ADDRESS**

Mrs. C. L. Forster K.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.

235

815 ~~Shelton~~  
3925 ~~Shelton~~  
215