

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

Do not use this space.

6394

**1. PLACE OF DEATH**

County Jackson  
Township L. Raw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1000  
Wesley Hooper

File No. 1 549  
Registered No. 1 549  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 2460 Indiana St. Ward 11  
(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 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 Mabel Cheney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7, 1880

7. AGE YEARS MONTHS Days If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
48      5      25

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

9. BIRTHPLACE (CITY OR TOWN) Kansas  
(STATE OR COUNTRY)

10. NAME OF FATHER H. J. Cheney

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

12. MAIDEN NAME OF MOTHER Caroline Armstrong

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

14. INFORMANT Mrs. Mabel Cheney  
(Address) 2460 Indiana, KC, Mo.

15. FILED 2-4-29 M. M. Brown  
REGISTRAR Asst.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 19\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fracture skull  
195 W.O.W.

CONTRIBUTORY (SECONDARY) Cause unknown  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Deputy Coroner M.D.  
7/2, 1929 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF LESION, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mr. Moriah DATE OF BURIAL Feb 4 1929

20. UNDERTAKER S. N. Newcomer Sons ADDRESS K.C. Mo.

N. R.—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.

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531 August 1951  
D. ...