MAY 29 1929

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

Do not use this space.

File No. 15850

Registered No. 40

1. PLACE OF DEATH

County St Louis — Registration District No. 788

Township Central — Primary Registration District No. 4471

City Webster Groves Mo. 324 Helfenstine St. Ward)

2. FULL NAME Mary Bassett Kenny

(a) Residence. No. 324 Helfenstine St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female

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: John Kenney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 28-1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
78	2	9	

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): Clifton Mills KY.

PARENTS

10. NAME OF FATHER: James Bassett

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

12. MAIDEN NAME OF MOTHER: Georgie Horsten

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

14. INFORMANT: W. W. Burton
(Address) 324 Helfenstine

15. FILED 4-7, 1929 Arthur W. Westrup REGISTRAR
per Elsie Henson

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1928, to April 3, 1929 that I last saw her alive on April 3, 1929, and that death occurred, on the date stated above, at 8 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Dilatation
93C — failure
93B from Ch. Myocarditis
16V (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Senile dementia
(duration) 1 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? Symptoms & Physical findings

(Signed) W. F. O'Malley, M.D.

, 19 (Address) Webster Groves, 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: Louisville KY

DATE OF BURIAL: 4-8 1929

20. UNDERTAKER: McLaughlin

ADDRESS: 23 W. Lockwood Webster Groves 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.

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