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

Do not use this space. 25297 B/

1. PLACE OF DEATH
County Montgomery — Registration District No. 592 — File No. 36
Township — Primary Registration District No. 4368 — Registered No.
City Montgomery (No. ..... St. ..... Ward)

2. FULL NAME Russell B. Kenner
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec I6 th I869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	6	27	

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

92A
952
1108

9. BIRTHPLACE (CITY OR TOWN) Flint Hill Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Henery Kenner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Un Known
12. MAIDEN NAME OF MOTHER Anna Ball
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lincon Co Mo

14. INFORMANT Mrs Louella Kenner
(Address) Montgomery City Missouri

15. FILED 9-10, 1929 D. J. Butty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July I3 th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1929, to July 13 1929 that I last saw him alive on June 30, 1929, and that death occurred, on the date stated above, at I:00 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency with cardiac hypertrophy moderate
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatism, inflammatory, all joints (duration) 1 yrs. mos. ds.
Pleural Effusion base both lungs 1 mo.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) Buell Memfa, M. D.
July 16, 1929 (Address) Montgomery 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	DATE OF BURIAL
Montgomery City Cemetery	7/I5/29 19

20. UNDERTAKER	ADDRESS
C. W. Hopkins Montgomery	City 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.

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

EP 25 1929
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