

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

Do not use this space.

40765

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Haw Primary Registration District No. 1002  
City Kansas City (No. St. Luke's Hosp.) St. \_\_\_\_\_ (Ward)

File No. 5172  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 4834 Campbell Ward 6  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
3 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. None  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER Leonard C Kenyon

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

12. MAIDEN NAME OF MOTHER Merle Weaver

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

14. INFORMANT Leonard C Kenyon  
(Address) 4834 Campbell

15. FILED 1/16, 1929 M.M. Crowe  
asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

4 16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1929, to Dec 15, 1929 that I last saw him alive on Dec 15, 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

11 Pneumonia, Lobar  
108  
1060 (Child also had enlarged Thyroid)

CONTRIBUTORY (SECONDARY) Griggs with Bronchitis  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH 4834 Campbell  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS X-Ray & Physical  
(Signed) A.T. Bradford M. D.

\*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 Forest Hill DATE OF BURIAL Dec 17 1929

20. UNDERTAKER A.H. Newcomer's Sons KC Mo ADDRESS

Ure 0848.

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