

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

Do not use this space.

1. PLACE OF DEATH

County ADAIR
Township Benton
City R R KIRKSVILLE MO (No.)

Registration District No. 4
Primary Registration District No. 5005

File No. 18485
Registered No. 94
St. Ward)

2. FULL NAME JOHN PATRICK KENEY JOHN PATRICK KINEY
(a) Residence. No. R R KIRKSVILLE MO St. Ward.
(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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>CHILD</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CHILD</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>DEC 1 1929</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>6</u>	<u>8</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>CHILD</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-8-30 1930, to 6-9-30 1930 that I last saw him alive on 6-9-30 1930, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera infantum (diarrhoea + enteritis)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1130W
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
BARRING MO DATE OF BURIAL 6-10 1930

20. UNDERTAKER Walter Wilson Kuffell ADDRESS

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) ADAIR CO MO

PARENTS

10. NAME OF FATHER M W KINEY

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) KNOX CO MO

12. MAIDEN NAME OF MOTHER ANNA T WHALEN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) KNOX CO MO

14. INFORMANT M. W. Kiney
(Address) KIRKSVILLE MO R R

15. FILED 6/8 1930 Carl Becker REGISTRAR

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

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

1930-6-9

1929-12-1

1930-6-9

1929-12-1

6-8