

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

Do not use this space.

18607

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.

PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 130
St. _____ Ward _____

2. FULL NAME

Anna Lee Kenney

(a) Residence No. _____ 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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Born
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Born

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-18-1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9

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

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

PARENTS
10. NAME OF FATHER James Kenney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co
12. MAIDEN NAME OF MOTHER Yola See Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co

14. INFORMANT (Address) James Kenney
June 30 30 Beatrice Grubb
FILED _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 - 1930
17. I HEREBY CERTIFY, That I attended deceased from June 26 1930, to June 26 1930 that I last saw him alive on June 26 1930, and that death occurred, on the date stated above, at 11:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bron. Pneumonia
107A
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 107A
(duration) _____ yrs. _____ mos. _____ ds.

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 _____
(Signed) J. Bradford M. D.
(Address) Columbia 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
St. Filista June 27 1930
20. UNDERTAKER ADDRESS
R. Wright Columbia

12200

1000

1000

1000

