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

Do not use this space.

25637

1. PLACE OF DEATH
County: Stone
Township: Flat Creek
City: Cape Fair
Registration District No. 1096
Primary Registration District No. 6247
File No.
Registered No. 2
(No. ..... St. ..... Ward)

2. FULL NAME: John Hardy Kenny
(a) Residence. No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 9 - 1852

7. AGE: YEARS 79 | MONTHS 8 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Osage Co Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: J. H. Kenny
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): S Missouri
12. MAIDEN NAME OF MOTHER: Jane Laughlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri

14. INFORMANT: Hardy Kenny
(Address): Cape Fair

15. FILED 7/20, 1930 Chas. H. Barney REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 19 19[illegible]

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 19, 1930 that I last saw him alive on July 18, 1930 and that death occurred, on the date stated above, at 1:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
97
162 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: yes
DID AN OPERATION PRECEDE DEATH? yes DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. H. Kenny, M. D.
, 19 (Address) Galena 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: Galena Cemetery
DATE OF BURIAL: July 19 1930

20. UNDERTAKER: E Hillon
ADDRESS: Cape Mo

77-9-10
AUG 26 1930

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

Do not use this space.

1. PLACE OF DEATH

County: Stone — Registration District No.: 1096 — File No.:

Township: Flatcreek — Primary Registration District No.: 6247 — Registered No.: 2

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME J H Keeney

(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 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)
M	W	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 9 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	9	10	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: John H Keeney

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT: H B Keeney
(Address): Cape Fair

15. FILED 9/2, 1930 Chas. H Carney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-19 30

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 2-19, 1930 that I last saw him alive on July 2, 1930, and that death occurred, on the date stated above, at 2:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) NB

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: yes

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) [signature], M. D.

, 19 (Address) [illegible] 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
Galena Mo	7-19 1930
20. UNDERTAKER: W E Hilton	ADDRESS: Crane Mo

Yang

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