

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

36591

DEC 29 1930

1. PLACE OF DEATH

County Jefferson Registration District No. 421  
Township 1st Primary Registration District No. 4249  
City Westley, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 104

2. FULL NAME Anna Keneey

(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 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 0 10 — — —

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Fredrick How

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Smith

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

14. INFORMANT Mrs. J. E. Keneey  
(Address) Florus

15. FILED 12/1 1930 J. E. Keneey  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1930

17. I HEREBY CERTIFY That I attended deceased from Nov 22  
1930 to Nov 28 1930  
that I last saw him alive on Nov 29 1930 and that death occurred, on the date stated above, at 10-528

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
arteriosclerosis (duration) \_\_\_\_\_ yrs. mos. ds.  
hemiplegia - respiratory

CONTRIBUTORY (SECONDARY) 9/15  
(duration) \_\_\_\_\_ yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Harry Crookitt M. D.

, 19 (Address) Westley 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 Louisa Cemetery DATE OF BURIAL 12/1 1930

20. UNDERTAKER Frank J. J. & Co ADDRESS Westley 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.

