

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

Do not use this space.

38673

1. PLACE OF DEATH

County Butler
Township Beaver Dam
City..... (No..... St..... Ward)

Registration District No. 87
Primary Registration District No. 5129

File No.....
Registered No. 17

2. FULL NAME Ollie Malinda Kenner

(a) Residence. No. Military Road St..... Ward.....
(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jess B. Kenner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 20, 1899

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
31	4	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rolla
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Norris

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jess B. Kenner
(Address) Route #6 Poplar Bluff, Mo.

15. FILED 14-1924 J. W. Lane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Dec 30, 1930, that I last saw her alive on Dec 30, 1930, and that death occurred, on the date stated above, at 4:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Puerperal Septicemia
140
36

CONTRIBUTORY : Abortion
(SECONDARY) (duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
1466 (duration) yrs. mos. ds. 7

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS Clinical signs
(Signed) R. L. Turner, M. D.

1, 3, 1931 (Address) Nashville, 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 Black Creek cemetery DATE OF BURIAL Jan. 2, 1930

20. UNDERTAKER Greer Undertaking Co. ADDRESS Poplar Bluff Missouri

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.

JAN 19 1931

