

EB 23 1933

WHITE 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.

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

Do not use this space.

24

1. PLACE OF DEATH

County ADAIR Registration District No. 4
 Township _____ Primary Registration District No. 3001
 City KIRKSVILLE MO (No. COUNTY FARM) St. _____ Ward _____

File No. _____
 Registered No. 28

2. FULL NAME DENIS KENNEY

(a) Residence, No. _____ 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED 1848

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN "1) 20 1848
 7. AGE YEARS 85 MONTHS 0 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINER
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COAL
 10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

FATHER 13. NAME DONT KNOW

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER 15. MAIDEN NAME DONT KNOW

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) KIRKSVILLE MO KEEPER. COUNTY FARM

18. BURIAL, CREMATION, OR REMOVAL PLACE NOVINGER Jan 26th 1933

19. UNDERTAKER (ADDRESS) Kirkville Mo

20. FILED Jan 30, 1933 Mrs R. H. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 1933, to _____, 1933.
 I last saw him alive on 1-24-, 1933. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:
Labor Pneumonia

Date of onset _____
 Other contributory causes of importance: 108
162
108

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? Kirkville Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. R. Keen's, M. D.
 (Address) For Keenly 2nd

