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.

SEP 26 1933

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

Do not use this space.

26659

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3416
Township Kaw — Primary Registration District No. 1008 — Registered No.
City Kansas City (No. Kansas City General Hosp. St. ..... Ward)

2. FULL NAME Hanny Kenn
(a) Residence, No. 514 Main 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 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 Martha Kenn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-3-1874

7. AGE YEARS 58 MONTHS 8 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John Kenn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Belle Dunham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Record Clerk Kansas City General Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds DATE 8-30-1933

19. UNDERTAKER (ADDRESS) Quick & Tolin

20. FILED 8/28, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-5-1932, to 8-26-1933
I last saw him alive on 8-26-1933 Death is said to have occurred on the date stated above, at 8:00 P.m.
The principal cause of death and related causes of importance were as follows:

Cystic degeneration of Brain — Date of onset

810

Other contributory causes of importance:

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

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? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. F. De Maria, M. D.
(Address) V. C. Gen. Hosp.