

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

Do not use this space.

1. PLACE OF DEATH  
 County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 30190  
 City Independence Mo. Indep. San St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Kenney  
 (a) Residence No. 1322 So. Rocker Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 20504  
 Registered No. 372

**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  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16. 1846  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 6 7  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Race Driver  
 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) Sept. 1913 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford Kentucky

13. NAME John F. Kenney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Susan Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Luella Bowles  
 (ADDRESS) 1322 So. Rocker, Independence

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Sept 25, 1933

19. UNDERTAKER Carson Funeral Home  
 (ADDRESS) Independence, Mo.

20. FILED Sept. 26, 1933 Dr. F. L. Cook  
 Registrar

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Sept 23, 1933

I last saw him alive on Sept 23, 1933 Death is said to have occurred on the date stated above, at 11:35 m.

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

Encephalitis Lethargica Date of onset Sept 18, 1933

Other contributory causes of importance:

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? \_\_\_\_\_ (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) W. H. Allen, M. D.

(Address) Independence, Mo.

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.

1933  
 48  
 5  
 8

2  
 31  
 51

