

Clay

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

Do not use this space.

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1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff, Mo. (No.)

Registration District No. 89
Primary Registration District No. 3007

File No. 8006
Registered No. 62
St. Ward)

2. FULL NAME Betty Kenney

(a) Residence, No. Illinois St., Poplar St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Bluff yrs. Missouri 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 negro black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan Kenney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Gooslin County Virginia

FATHER 13. NAME Dick Moss 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

MOTHER 15. MAIDEN NAME Georgia Anna Mickens 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Virginia

17. INFORMANT Dan Kenney (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL burial PLACE City Cemetery DATE March 18, 1934

19. UNDERTAKER Greer Undertaking Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 3-16-1934 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1-1934 to 3-14-1934

I last saw her alive on 3-9-1934 Death is said to have occurred on the date stated above, at 9:15 AM

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

Pulmonary Tuberculosis

Date of onset Sept 1933

Other contributory causes of importance:

Name of operation Laboratory Date of What test confirmed diagnosis? Was there an autopsy? no

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? no

If so, specify (Signed) W. S. Bailey M. D. (Address) Poplar Bluff Mo

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