

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Fuller
City Fuller (No. St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. 12096
Registered No. 88

2. FULL NAME

Salda Kathryn Mae Kenney

(a) Residence, No. 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9, 1880</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>4</u>
	DAYS <u>4</u>	IF LESS than 1 day, ... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>J. M. Beaver</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Salda C. Holt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>W. C. Beaver</u> <u>Harvard, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillcrest Cem.</u> DATE <u>April 15, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Leo J. Wallace</u> <u>Fuller, Mo</u>		
20. FILED <u>Apr 14, 1934</u> <u>R. N. Crews</u> Registrar		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19... to April 13, 1934

I last saw her alive on Mar 24, 1934 Death is said to have occurred on the date stated above, at 11:35 pm.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset: 1930

Other contributory causes of importance: 77

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? No
If so, specify.....
(Signed) W. C. Beaver, M. D.
(Address) Fuller, Mo

