

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

Do not use this space.

**1. PLACE OF DEATH**

County Sullivan  
Township Buchanan  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 849  
Primary Registration District No. 6123

File No. 19230  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Frances Kenney

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 28 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: Female 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: Dan Kenney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't Know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62      5      23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Mo

13. NAME: James Ticer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

15. MAIDEN NAME: Betty - Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs Ernest Jewell Green Castle Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Thompson DATE: May 23, 1934

19. UNDERTAKER (ADDRESS): Glenn E. Reut Green City Mo

20. FILED: June 6, 1934 Virginia Gibern Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1933 to MAY 22, 1934

I last saw her alive on MAY 22, 1934. Death is said to have occurred on the date stated above, at 11 P.m.  
The principal cause of death and related causes of importance were as follows:

Hypostatic PNEUMONIA Date of onset 5-21-34

Other contributory causes of importance:  
Patient was left lie on back to much after retaining barium following operation. Aspired some fluid.  
Name of operation Tonsilectomy Date of 5-19-34  
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) Ernest Jewell M. D.  
(Address) Milau, Mo.

*Seellman*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Frances Kenney  
Who died at \_\_\_\_\_ on May 22 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth unk Age: Years 62 Months 5 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Hypostatic pneumonia  
lobes - involving both lungs

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician Ernest W. Simpson, M.D.

Address of physician Milam Mo

Signature of Registrar Virginia Gibson

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 849

Very truly yours,  
*E. T. McLaughlin*  
E. T. McLaughlin  
S. C.

Primary Reg. Dist. No. 6123

Special Agent.