

DEC 11 1935

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

Do not use this space.

36428

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township _____ Primary Registration District No. 2002 Registered No. _____
City Jasper (No. 228 Chestnut) St. _____ Ward _____

2. FULL NAME

Alexander Albert Kenney, Jr
(a) Residence, No. 728 Chestnut 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 S. (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 9 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Jasper, Mo (STATE OR COUNTRY)

FATHER 13. NAME V. E. Kenney

14. BIRTHPLACE (CITY OR TOWN) Peosha, Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Fern Jones

16. BIRTHPLACE (CITY OR TOWN) Capville, Mo (STATE OR COUNTRY)

17. INFORMANT Dr. Kenney (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Roll 7 Peosha DATE Nov 15 35 19 _____

19. UNDERTAKER Ralph Mortuary (ADDRESS)

20. FILED 11-14-35 19 35 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1935

22. I HEREBY CERTIFY, that I attended deceased from Nov 10, 1935, to Nov 14, 1935.

I last saw him alive on Nov 14, 1935. Death is said to have occurred on the date stated above, at 2 a. m.

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

Peritonitis, abscess
1530
Date of onset 12/13

Other contributory causes of importance:

General Septicemia
Sties media
Pyelo-nephritis

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) Ed D. Jones, M. D.
Jasper, Mo
(Address) _____

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.

WWW.CERTIFICATEWITHONTARIOINVA--THIS IS A PERMANENT RECORD

Macoby.