

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

Do not use this space.

JAN 19 1937

44657

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 123 South Elmwood) St. _____ Ward _____

File No. _____
 Registered No. 399

2. FULL NAME Cleveland C. Fennell
 (a) Residence, No. 123 South Elmwood St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Marie Fennell

22. I HEREBY CERTIFY, That I attended deceased from August 25th, 1936, to Dec 1st, 1936
 I last saw him alive on Dec 1st, 1936 Death is said to have occurred on the date stated above, at 8:00 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1882

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

7. AGE YEARS 53 MONTHS 11 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Switchman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Terminal Ry.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Pulmonary tuberculosis
Arteriosclerosis
Emphysema
Edema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER 13. NAME Don't Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

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. _____

17. INFORMANT (ADDRESS) Mrs. Marie Fennell
123 South Elmwood

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec. 4, 1936

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel
Kansas City, Missouri

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) A. R. Hall M. D.
 (Address) 626 Lafayette Bldg.

20. FILED Dec 3, 1936 M. M. Brown
 Registrar.

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.

Kalmocp v. j.

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