FEB 15 1937

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

Do not use this space.

81

File No. .....

Registered No. 5

Registration District No. 30

Primary Registration District No. 3003

1. PLACE OF DEATH

County Barry

Township .....

City Monett (No. ....., ... St. ..... Ward)

2. FULL NAME Rebecca 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF John Joseph Kenney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 1874

7. AGE — YEARS 62 — MONTHS 10 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY) Greenland Arkansas

FATHER

13. NAME William Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Row

MOTHER

15. MAIDEN NAME Jane Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Row

17. INFORMANT Josephine Kenney
(ADDRESS) Monett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Calvary DATE Jan 30 1937

19. UNDERTAKER Callaway
(ADDRESS) Monett Mo

20. FILED 1-30 1937 W. M. West
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1937 to Jan 28 1937

I last saw her alive on Jan 28 1937. Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Septic Sore Throat — Date of onset Jan 25 37

Other contributory causes of importance:

Chronic Multiple arthritis 1935

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) Ernest Mitchell, M. D.

(Address) Monett Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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