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.

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

Do not use this space.

File No. 1430
Registered No. 118

1. PLACE OF DEATH

County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Harry Kennaley 540

(a) Residence, No. 5530 Oak 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Kennaley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42	10	12	

OCCUPATION

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

FATHER

13. NAME: Daniel Kennaley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Mary Hennessy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT: Mrs. Mary Kennaley
(ADDRESS): 5530 Oak

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Jan. 12, 1938

19. UNDERTAKER: D.W. Newcomer's Sons
(ADDRESS)

20. FILED Jan 10, 1938 M. M. Groves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Jan 9, 1938
I last saw him alive on Jan 9, 1938. Death is said to have occurred on the date stated above, at 10:35P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary cirrhosis with Jaundice	Oct 1938

Other contributory causes of importance:

Name of operation: Cholecystectomy Date of: 12-21-37
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) A. Morris Jensby, M. D.
(Address) 420 Prog Bldg

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MO. STATE BOARD OF HEALTH

Orig. Bldg.