

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

Do not use this space.

20353

1. PLACE OF DEATH

County Verona Registration District No. 875
 Township Washington Primary Registration District No. 6162
 City Waverly (No.) St. Ward

File No.
 Registered No. 129

2. FULL NAME May Kenney

(a) Residence No. St Hwy # 15 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. 6 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 — 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Petalaski Gas County Missouri
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Peter M. Haley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wuhauer
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Finn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wuhauer
 (STATE OR COUNTRY)

14. INFORMANT St Hosp Record
 (Address)

15. FILED 6/5/31 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 19 31

17. I HEREBY CERTIFY, That I attended deceased from May 8 1931 to May 14 1931, that I last saw h. e. alive on May 14 1931, and that death occurred, on the date stated above, at 8:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute cardiac dilatation
84
95B
 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Acute mania
 (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED 95B
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
 (Signed) F. L. Martin, M. D.
 , 19 (Address) Nevada Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Plato Mo DATE OF BURIAL 5/17 1931

20. UNDERTAKER Ferryman Home ADDRESS Nevada

JUN 29 1931

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.

DEC 1 4 1950

DEC 8 1950