

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

PLACE OF DEATH

County Macon
Township Russell
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 1001 File No. 225226
Primary Registration District No. 5718 Registered No. 2

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Francis Kennedy

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>x</u> WIDOWED OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH <u>April 28</u> 19 <u>08</u> (Month) (Day) (Year)		
AGE <u>3</u> yrs. <u>2</u> mos. <u>15</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>0</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 27, 1911, to July 13, 1911, that I last saw her alive on July 13, 1911, and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) ___ yrs. ___ mos. 15 ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) P. E. Cabrick M. D.
7/13 1911 (Address) Bucklin Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted If not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. Peters County DATE OF BURIAL July 14, 1911

UNDERTAKER Ed Herrman ADDRESS Bucklin

BIRTHPLACE (City or town, State or foreign country) Macon Co Russell Mo

NAME OF FATHER Burnard Kennedy

BIRTHPLACE OF FATHER (City or town, State or foreign country) Joliet Ill

MAIDEN NAME OF MOTHER Bridgett Mahony

BIRTHPLACE OF MOTHER (City or town, State or foreign country) New Cambria Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Burnard Kennedy

(ADDRESS) Bucklin Mo

Filed _____ 1911 REGISTRAR

+ Mahony

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*, (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*, *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

County Macon
 Township Russell
 or
 Village
 or
 City (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No. 1001 File No. _____
 Primary Registration District No. 5718 Registered No. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Francis Kennedy.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) single
 DATE OF BIRTH April 28, 1908
 (Month) (Day) (Year)
 AGE 3 yrs. 2 mos. 15 ds. If LESS than 1 day, ___ hrs. or ___ min.
 OCCUPATION (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Macon Co. Russell Twp
 NAME OF FATHER Burnard Kennedy
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Dallitt Ill.
 MAIDEN NAME OF MOTHER Bridget Mahedy
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) New Cambria Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Burnard Kennedy
 (ADDRESS) Bucklin Mo.

Filed X 21 X 1911 J. G. Davis X
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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 (Month) (Day) (Year)
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Typhoid fever
 (Duration) yrs. mos. 15 ds.

Contributory (SECONDARY) _____
 (Duration) yrs. mos. ds. _____
 (Signed) P. L. Pabuck M. D.
7/13 1911 (Address) Bucklin Mo.

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 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
 Where was disease contracted if not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St Peters Cemetery DATE OF BURIAL July 14 1911
 UNDERTAKER Ed. Herriman ADDRESS Bucklin Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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