

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

1. PLACE OF DEATH

County Jackson
Township Law
City Keokuk (No. 3961)

Registration District No. 398
Primary Registration District No. 1002

File No. 7674
Registered No. 925 Ward

2. FULL NAME

Joseph J. Kendrick
(a) Residence No. 3961 Street West St. 3961 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Ida V. Kendrick

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

Apr. 25, 1854

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>69</u>	<u>10</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT Mrs. F. S. Kennedy
(Address) 1121 West 38th

15.

FILED 3/6 1924 M. M. Carowe
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4, 1924

17.

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1923, to Mar 4, 1924
that I last saw him alive on Mar 4, 1924, and that death occurred, on the date stated above, at 7:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of mediastinum and liver

CONTRIBUTORY (SECONDARY)

470 (duration) 6 yrs. 6 mos. 4 da.
465 from epilation (duration) 2 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE 4/4

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical

(Signed) Dr. F. Reseman, M.D.

3/5, 1924 (Address) 39, Summit St.

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hill

DATE OF BURIAL

3/6 1924

20. UNDERTAKER

The Wessman Mortuary
3146 Main

Name: Jeptha J. Kendrick

Who died at: Kansas City on Mar 4-1924

Residence: No. _____ St. _____
(if nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Carcinoma of mediastinum and liver

Contributory: ~~secondary involvement from epithelioma~~
X on L cheek (primary lesion)

Where was disease contracted? _____

Did operation precede death? _____ Date of 44

1992

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Swanitt
Aleskine