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

Do not use this space.

7506

1. PLACE OF DEATH
County: Carter
Township: Kelley
City: ..... (No. ..... St. ..... Ward)
Registration District No. 143
Primary Registration District No. 5205
File No. .....
Registered No. .....

2. FULL NAME: Margaret Jane Kennedy
(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: Female
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 13. 1854

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	5	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Lincoln Co.
(STATE OR COUNTRY): Tenn.

PARENTS
10. NAME OF FATHER: Philip McBay.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: H. A. Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Tenn.

14. INFORMANT: Martha R.
(Address): Van Buren, Mo.

15. FILED 3/18 1927 J. W. Cotton
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1927 to Mch 18, 1927 that I last saw her alive on Mch 14, 1927 and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Neurotic following gastritis
Influenza
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Gastritis 3 or 4 weeks.
Not well since June 1926
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. W. Cotton, M. D.
3/18, 1927 (Address) Van Buren, 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: Eastwood
DATE OF BURIAL: 3/19 1927

20. UNDERTAKER: Wm. Samples
ADDRESS: Van Buren