

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

Do not use this space.

33425

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kew Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 2437 Independence Blvd

File No. \_\_\_\_\_  
Registered No. 4195  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Captain James Kennedy

(a) Residence. No. 2437 Independence Blvd. Ward. 4  
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19, 1836

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
91 3 14

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson City  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Asariah Kennedy

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

12. MAIDEN NAME OF MOTHER Monima Duvica

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

14. INFORMANT Marrion G. Kennedy  
(Address) Sturietta, Mo

15. FILED 11-5-27 M. M. Crowe  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV. 3 19 27

17. I HEREBY CERTIFY, That I attended deceased from Jan 1<sup>st</sup> 1927 to Nov 3<sup>rd</sup> 1927  
that I last saw alive on Nov 3<sup>rd</sup> 1927, and that death occurred, on the date stated above, at 6:35 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Thrombosis  
93  
Chronic Myocarditis  
(duration) 2 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED? 90 B  
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Casual  
(Signed) John L. Robinson, M. D.  
11-4 1927 (Address) 510 Atholway Bldg

\*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 Forest Hill Cem DATE OF BURIAL 11-5 1927

20. UNDERTAKER Stine + Mc Clure ADDRESS 924 Oak

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.

PERMANENT RECORD

V 1:510 Altman Bldg.

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