

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

FEB 2 1928

Dr. W.

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

Do not use this space.

1877

1. PLACE OF DEATH

County Mississippi

Registration District No. 5-67

File No.

Township East Prairie

Primary Registration District No. 4334

Registered No. 4

City East Prairie (No.) St. Ward)

2. FULL NAME

Effie 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. da. 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

Arthur Kennedy

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

Feb 18 - 1895

7. AGE

YEARS MONTHS DAYS
32 10 23

If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

White Co.

(STATE OR COUNTRY)

Ill.

10. NAME OF FATHER

M. Barbey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

White Co.

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Elysa Ovie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Bullet Co.

(STATE OR COUNTRY)

Ill.

14. INFORMANT

Elysa Barbey

(Address)

East Prairie Mo

15. FILED

2-6-28 Duff M Hodge
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Jan 11 1928

17.

I HEREBY CERTIFY That I attended deceased from Jan 8 1928 to Jan 11 1928 and that I last saw her alive on Jan 10 1928 at 10 o'clock a.m. and that death occurred on the date stated above, at 11 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatism (Inflammatory)

CONTRIBUTORY (SECONDARY)

510

(duration) ... yrs. ... mos. 5 da.

(duration) ... yrs. ... mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

8 Did an operation precede death? ... DATE OF ...

Was there an autopsy? ...

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo W Whitaker, M. D.

2-1-1928 (Address) East Prairie 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

Dr. W. W.

DATE OF BURIAL

1-12-1928

20. UNDERTAKER

Ed Shelby

ADDRESS

East Prairie Mo

