

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

Do not use this space.

**1. PLACE OF DEATH**

County Marion  
Township Warren  
City..... (No.....)

Registration District No. 552  
Primary Registration District No. 5745

File No. 12 9824  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Sirilda B. 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 5 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | Widow

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

✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21<sup>st</sup> 1852

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, .... hrs. or .... min.

75 | 5 | 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home -

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

(c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN) Warsaw  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Hiram Bradshaw

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

12. MAIDEN NAME OF MOTHER Mariah Woodville

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

14. INFORMANT Florence Andrews  
(Address) Monroe City Mo R.F.D. #4

15. FILED 7/5 1928 Russel B. Wagner  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March-17 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 1927 to Mar 17 1928 that I last saw her alive on Mar 17 1928, and that death occurred, on the date stated above, at 10:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Angina-Pectoris

(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 99  
(duration) .... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED no

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 7  
(Signed) Geo. L. Turner, M. D.

(Address) Monroe City 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 Senior Chapel Cemetery  
Farmington Iowa DATE OF BURIAL March 20 1928  
20. UNDERTAKER Wilson & Son Monroe City Mo ADDRESS

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.

JUN

1928

