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

Do not use this space.

File No. 10122

Registered No.

1. PLACE OF DEATH
County: Phelps
Township: St James
City: (No. ; St. Ward)
Registration District No. 478
Primary Registration District No. 5904

2. FULL NAME: Robert E. 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: 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: Margie Kennedy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-10-1853

7. AGE: Years 74 | Months 2 | Days 25 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Spencer Co
(STATE OR COUNTRY): Ind

PARENTS
10. NAME OF FATHER: John Kennedy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ireland

14. INFORMANT: Vallora Fitzenreider
(Address): St James Mo

15. FILED 3/10, 1928 Henry F. Walters, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-5 1928

17. I HEREBY CERTIFY, That I attended deceased from 2/ 1928 to March 5 1928 that I last saw h. alive on March 5 1928, and that death occurred, on the date stated above, at 5 07 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Nephritis and Senile Gangrene of Left Leg (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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) Chas N. Fulbright M. D.
3/5, 1928 (Address) St James 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: Masonic Cem
DATE OF BURIAL: 3-7 1928

20. UNDERTAKER: W. E. Lickliter
ADDRESS: St James Mo

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.