

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

Do not use this space.

23095

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 905
 City St Joseph (No. 1021, Sylvania) St. _____ Ward _____

2. FULL NAME

Jeanette Mary Kennedy
 (a) Residence No. 1021 Sylvania 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M (Specify the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 | 8 | 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work 50
 (b) General nature of industry, business, or establishment in which employed (or employer) 53
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Miles Gentry

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

12. MAIDEN NAME OF MOTHER Katherine Schapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) New York La

14. INFORMANT W.C. Kennedy (Address) St Joseph Mo

15. FILED John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27, 1928

17. I HEREBY CERTIFY That I attended deceased from June 29, 1928 to July 24, 1928 that I last saw him alive on July 24, 1928, and that death occurred, on the date stated above, at 8:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of mammary gland

CONTRIBUTOR (SECONDARY) Metastasis to Brain (duration) 3 yrs. mos. ds.
July (duration) 2-3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED St Joseph mo.
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? visible carcinoma

(Signed) W.C. Kennedy M. D.

(Address) St Joseph 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 _____ DATE OF BURIAL _____

Lawrence, Kansas July 29, 1928

20. UNDERTAKER Fleming Funeral Home ADDRESS 1208 Francis

JUL 30 1928

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.

