

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

Do not use this space.

32608

1. PLACE OF BIRTH

County Franklin
 Township Clinton Grove
 City Clinton Grove, Mo. (No.) St. Ward

Registration District No. 908
 Primary Registration District No. 4249

File No.
 Registered No. 519

2. FULL NAME

Floris Geranita Kennedy

(a) Residence No. St. Ward.
 (Usual place of abode) (if not resident 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 female 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24-26

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>11</u>	<u>27</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work 00
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Clinton Grove (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Dave Kennedy
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dixon Kan. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Dora Allison
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Raytown Mo (STATE OR COUNTRY)

14. INFORMANT Dave Kennedy (Address) Clinton Grove, Mo.

15. FILED 9/30 1928 J. M. Quobord REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21-1928 4 P.M.

17. I HEREBY CERTIFY, That I attended deceased from 15 Sept 1928, to Sept 21 1928, that I last saw h. l. r. alive on Sept 21 1928, and that death occurred, on the date stated above, at 4:25 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inflammation of Stomach and Bowels 119B
113B 123D (duration) 119C yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED at Prior Ill IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Extreme Fever (Signed) Henry M. Fouty, M. D. 9/22, 1928 (Address) Clinton Grove

*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 Clifty Hill Cemetery DATE OF BURIAL 9/22 1928

20. UNDERTAKER Name ADDRESS

N. E.—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.

1928

