Do not use this space.

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

85

FEB 2 1929

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 18

City St. Joseph, (No. 1614 Edmond St. St. Ward)

2. FULL NAME Maggie Elizabeth 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 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of A.W.Kennedy

6. DATE OF BIRTH (month, day and year) May, 6, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	7	26	

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) (State or country) Secor, Ill.

PARENTS

10. NAME OF FATHER Stephen Cummins

11. BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12. MAIDEN NAME OF MOTHER Almira Darst

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14. INFORMANT Mrs. John Matzinger

(Address) 1614 Edmond St.

15. FILED JAN 4 1929 John G. Jtz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Jan, 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-50 P.M. to 9-25 AM Jan 2nd, 1929, to ..., 19..., that I last saw her alive on Jan 2nd, 1929, and that death occurred, on the date stated above, at 9.25 A.M.

THE CAUSE OF DEATH* was as follows:

Pulmonary hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ... yrs. ... mos. 14 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick G. Glover, M.D.

1-3, 1929 (Address) 720 [illegible] St. Joseph

*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 Guilford, Missouri — DATE OF BURIAL Jan, 5 1929

20. UNDERTAKER Walter Meinhoffer — ADDRESS 1302 Faraon St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD