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

Do not use this space.

344

85

1001

1. PLACE OF DEATH
County Buchanan Registration District No. File No.
Township St. Joseph Primary Registration District No. Registered No. 105
City St. Joseph (No. 520 South 7th St. Ward)

2. FULL NAME Anna Kennedy
(a) Residence. No. 520 South 7th 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: 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 30 1870

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	24	

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

9. BIRTHPLACE (CITY OR TOWN) Fountain County
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Augustus Kennedy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Priscilla Trogg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Marena Dutman
(Address) 518 Doud St.

15. FILED Jan 25 1929 19 John G. Jh
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed body, 19, to , 19
that I last saw her alive on , 19, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Alcoholism
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis (interstitial)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) P. W. Tadlock Coroner, M. D.
1/25 , 19 29 (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: Mt Auburn Cemetery — DATE OF BURIAL: Jan 26 1929

20. UNDERTAKER: E. R. Eidenfelder — ADDRESS: 602 So. 10th

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.