54

APR 25 1929

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

Do not use this space.

11337

File No. 23

Registered No.

1. PLACE OF DEATH

County: Lafayette — Registration District No.: 461

Township: Lexington — Primary Registration District No.: 3024

City: Lexington (No. ..., ... St. ... Ward)

2. FULL NAME: Leona Lavern Kendrick

(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: 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 - 1927

7. AGE: Years 1 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

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): Lexington (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: John L. Kendrick

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

12. MAIDEN NAME OF MOTHER: Emma E. Mansel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lexington (STATE OR COUNTRY): Mo

14. INFORMANT: John L. Kendrick (Address): Lexington Mo

15. FILED: Mar 20, 1929 J. D. Cope, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 18, 1929 to Mch 20, 1929 that I last saw him alive on Mch 20, 1929, and that death occurred, on the date stated above, at 6:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlatina

8 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 8 (duration) yrs. mos. 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) O. T. Pigand, M. D. Mar 20 1929 (Address)

*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: Wellington Mo — DATE OF BURIAL: Mar 21 1929

20. UNDERTAKER: Ernest Wegert — ADDRESS: Lexington 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.

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