

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

Do not use this space.

21373

2489

1. PLACE OF DEATH

County Jackson
Township Bay
City St. Joseph (No. St. Joseph Hosp)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Dorothy Kennedy
(a) Residence, No. 208 North Elmwood Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 17 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 wh 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 4th 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>17</u>	<u>8</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER P. N. Kennedy

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

12. MAIDEN NAME OF MOTHER Mary Duddy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT P. N. Kennedy
(Address) 208 No Elmwood

15. FILED 6/1, 1929 M. M. Crane
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/1/29 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to June 1, 1929, that I last saw her alive on June 1, 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction
12.2.B
24 hrs (duration) yrs. mos. ds.
CONTRIBUTORY Adhesive band around mesentery (SECONDARY) (duration) unknown.

18. WHERE WAS DISEASE CONTRACTED? unknown
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical + chemical signs

(Signed) R. L. Anderson, M. D.

6-1, 1929 (Address) 200 Bright St., 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 St Marys Cem DATE OF BURIAL 6/5/29 1929

20. UNDERTAKER Th. J. Mayberry ADDRESS City, 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.

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