84

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

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.

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

Do not use this space.

34732

File No. 772

Registered No. 704

1. PLACE OF DEATH

County Polk — Registration District No. 704

Township Morrisville — Primary Registration District No. 5933

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hixey A. Kennon

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Kennon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 31 1851

7. AGE: YEARS 78 — MONTHS 5 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(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): Hopkinsville Ky.

PARENTS

10. NAME OF FATHER: Mirida Wells

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

12. MAIDEN NAME OF MOTHER: Tempe Wells

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

14. INFORMANT: Nora Kennon
(Address) Morrisville Mo.

15. FILED Oct 24 1929 Mrs Grace Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 23 1929

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1929 to Oct 16, 1929 that I last saw him alive on Oct 16, 1929 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of bowel

46 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 45 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Place of death

9 DID AN OPERATION PRECEDE DEATH? — DATE OF .....

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D.

, 19 (Address) Morrisville 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: Morrisville Cemetery

DATE OF BURIAL: Oct 24 1929

20. UNDERTAKER: Hutcherson Blue

ADDRESS: Bolivar Mo.