

O. Rowlett

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

Do not use this space.

37944

1. PLACE OF DEATH

County Madison
Township Dale
City Marionville (No.)

Registration District No. 625
Primary Registration District No. 3031

File No.
Registered No. 103
St. Ward)

2. FULL NAME

Wm. R. Kennedy

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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) Aug. 29, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. 24A
(b) General nature of industry, business, or establishment in which employed (or employer) 29A
(c) Name of employer 0111

9. BIRTHPLACE (CITY OR TOWN) Marionville
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm. Kennedy

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

12. MAIDEN NAME OF MOTHER Thelma Owens

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

14. INFORMANT Wm. R. Kennedy
(Address) Marionville

15. FILED Nov 29 1929 C. P. Z. Reyer
M.E.C. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1929, to Nov. 2 1929 that I last saw him alive on Nov 1 1929 and that death occurred, on the date stated above, at 2:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous Meningitis

320 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic Suppurating Otitis media (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lumbar puncture
2 to 4 days in fluid
(Signed) Jack Rowlett M. D.
(Address) Marionville 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 Skidmore, Mo. DATE OF BURIAL Nov. 4 1929

20. UNDERTAKER Price Furniture Co. Marionville 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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