39

JAN 20 1929

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.

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.: 40334
Township: — Primary Registration District No.: 2001 — Registered No.: 925
City: Springfield (No. 501½ S. Main Ave. St. Ward)

2. FULL NAME: Wilbur Jane Kennedy
(a) Residence. No. 501½ S Main St., Ward. 8
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: wf
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 22 1927

7. AGE: Years 2 — Months 7 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(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): Mo

PARENTS
10. NAME OF FATHER: Herman Kennedy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Jewell Wasson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Herman Kennedy
(Address) 501½ S. Main Ave.

15. FILED 12-19, 1929 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-18-1929

17. I HEREBY CERTIFY, That I attended deceased from 12-16, 1929, to 12-18, 1929, that I last saw h. wf alive on 12-18, 1929, and that death occurred, on the date stated above, at 8 40 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intussusception
122B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 118B1 (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) H. F. Armstrong, M. D.
12/19-29 (Address) Springfield 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: Christian Richwood Cem. — DATE OF BURIAL: 12/20 1929

20. UNDERTAKER: [illegible] — ADDRESS: [illegible]

Intussusception