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

Do not use this space.

File No. 2376

Registered No. 931

1. PLACE OF DEATH
County Ripley
Township
City Doniphan (No. St. Ward)

Registration District No. 750
Primary Registration District No. 5985

2. FULL NAME John Joshua 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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Bertha Kennon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-24-1884

7. AGE: Years 45 | Months 10 | Days 13 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Post Master
(b) General nature of industry, business, or establishment in which employed (or employer) Ins. Agt.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ripley Co. Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. H. Kennon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ripley Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Hannah Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ripley Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Laura Pickett
(Address) Doniphan Mo.

15. FILED 1/8, 1930 E. B. Johnston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6-1930

17. I HEREBY CERTIFY, That I attended deceased from 1-5, 1930, to 1-6, 1930, that I last saw h alive on 1-6, 1930, and that death occurred, on the date stated above, at 3:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis
Pneumococcus
79H (duration) yrs. about 5 mos. ds.

CONTRIBUTORY (SECONDARY) (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? Laboratory
(Signed) C. A. Proctor M. D.
1/7, 1930 (Address) Doniphan 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: Catholic Cem. Doniphan
DATE OF BURIAL: 1/7/30

20. UNDERTAKER: E. E. Jordan
ADDRESS: Doniphan