

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.

MAR 28 1930

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

Do not use this space.

7474

7461

1. PLACE OF DEATH

County Linn Registration District No. 875
Township Washington Primary Registration District No. 6162
City Newport (No.) St. Ward)

File No.
Registered No. 39

2. FULL NAME

Lesson Kennedy
(a) Residence. No. State Hospital # 3 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. 1 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
(write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 6 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Training race horses
(b) General nature of industry, business, or establishment in which employed (or employer)

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

10. NAME OF FATHER Chas Kennedy

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

12. MAIDEN NAME OF MOTHER Rena Eubullia

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

14. INFORMANT Ed. Kennedy
(Address) Butler Mo.

15. FILED 3/31, 19. 30 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1930

17. I HEREBY CERTIFY. That I attended deceased from Dec. 12, 1929, to Feb 5, 1930 that I last saw him alive on 11-30, 1930, and that death occurred, on the date stated above, at 11-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gen. paralysis of the insane

83 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 76
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. D. Dell, M. D.
Feb. 5, 1930 (Address) Nevada 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 Butler, Mo DATE OF BURIAL Feb 7 1930

20. UNDERTAKER Ferry Funeral Home Nevada

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