

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

Do not use this space.

1822

PLACE OF DEATH

County.....Jafferson..... Registration District No.....421
Township.....Joachim..... Primary Registration District No.....4249
City.....Festus Mo...... (No.....)..... St..... Ward.....

File No.....
Registered No.....1117 2.....
St..... Ward.....

2. FULL NAME Modesta L. Kennedy

(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) Widow

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

M. Kennedy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	72	11	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer) General Housework
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) River Aux Vases
(STATE OR COUNTRY) Missouri. 1

10. NAME OF FATHER Louis Labreyere

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste Genevieve Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY)

14. INFORMANT John Scaggs
(Address) Festus Mo

15. FILED 1/5, 1931 J. E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4th, 1931

17. I HEREBY CERTIFY, That I Held an Inquest attended deceased from Jan 4, 1931, to Jan 4, 1931, and that death occurred, on the date stated above, at 6:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Natural Causes
200A
Coroner's Verdict
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 200A

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? 4

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. E. Rutledge and Coroner, M. D.
, 19 1931 (Address) Festus 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 Festus Mo DATE OF BURIAL 1-6-1931

20. UNDERTAKER Quester & Vinyard ADDRESS Festus 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.

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

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3
4
11-18-31

