

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

Do not use this space.

9125

1. PLACE OF DEATH

County Leass Registration District No. 162
Township Peculiar Primary Registration District No. 5-2-27
City Pleasant Hill (No. St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Taylor 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 | 8 | 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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)

Ky

PARENTS

10. NAME OF FATHER Jadad Kennedy

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

12. MAIDEN NAME OF MOTHER Cynthia Collins

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

14. INFORMANT Mrs Taylor Kennedy
(Address) Pleasant Hill Mo

15. FILED Jan 14 1931 H. P. Bready REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1931

17. I HEREBY CERTIFY, That I attended deceased from March 11 1931 to March 11 1931 that I last saw him alive on March 11 1931, and that death occurred, on the date stated above, at 6:51 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

118 Influenza
167

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. unknown ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 118
DID AN OPERATION PRECEDE DEATH? DATE OF (1)
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) O. F. Courson M. D.
, 19 (Address) Pleasant Hill 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 Pleasant Hill DATE OF BURIAL March 13 1931

20. UNDERTAKER W. W. Hon ADDRESS Pleasant Hill

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.

