

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

Do not use this space.
 10074

1. PLACE OF DEATH
 County Jackson Registration District No. 1002
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. 1100 West 49th)

File No. _____
 Registered No. 1247
 St. 1047 Ward _____

2. FULL NAME John F. Kendig
 (a) Residence. No. 1100 West 49th St. 15 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 12, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 3 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Broker 131
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Erie
 (STATE OR COUNTRY) Pennsylvania 2

10. NAME OF FATHER Eli Kendig

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

12. MAIDEN NAME OF MOTHER Mary Colton

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

14. INFORMANT G. S. Conway
 (Address) 1100 West 49th St

15. FILED 3/20, 31 M. M. Crowe
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 19 31

17. I HEREBY CERTIFY, That I attended deceased from 2
27, 1931, to 3-19, 1931
 that I last saw him alive on 3-39, 1931, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
91A
111B
 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Eubacæmia, acute
 (duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
At home
 (1) DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no (1)

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Paul J. Halligan, M. D.
3/19, 1931 (Address) 113 x P. Johnson Bldg

*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 Forest Hill DATE OF BURIAL 3-20 1931

20. UNDERTAKER Stine & McClure ADDRESS 3235
William Plaga

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.

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