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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Boke Registration District No. 707 File No. 2  
 Township Wichart Primary Registration District No. 3936 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME J. S. Kennon  
 (a) Residence Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 11 24

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Mgr. Telephone Co.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY That I attended deceased from June 4, 1931 to June 4, 1931 that I last saw him live on May 20, 1931, and that death occurred, on the date stated above, at 8-9 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Decompensated heart  
critical resurgitation  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY Arterio sclerosis  
 (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Boliviar  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER John Kennon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Catherine Laforce

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Clarence Blakey  
 (Address) \_\_\_\_\_

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) H. G. Harrell, M. D.  
 , 19 (Address) Memphis, Tenn

\*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.

15. FILED July 4, 1931 Mrs. Nathaniel Taylor REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ennon DATE OF BURIAL June 6, 1931

20. UNDERTAKER Hutchison - Blue ADDRESS Boliviar, Mo.

N. B.—Every item of information should be carefully supplied. OCCURRENCE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact time of death is important.  
 REG 3A F RECEIVE A FEE FOR CERTIFICATES UNTIL TH. Y. A. 30 E. LAW

**MISSOURI STATE BOARD OF HEALTH SUPPLEMENTARY**

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