

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

Registration District No. 6791

File No. 26645

Primary Registration District No. 11003

Registered No. 7811

St. Louis, (No. 2239 Gasconade Street, St. 15 Ward)

Harry Kent

2239 Gasconade Street, 15 Ward.

(City or town where death occurred) yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20, 1868.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>5</u>	<u>23</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Iron Worker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer American Furnace Co.

9. BIRTHPLACE (CITY OR TOWN) London,
(STATE OR COUNTRY) England.

10. NAME OF FATHER James Kent.

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

MAIDEN NAME OF MOTHER Dont Know.

BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know.
(STATE OR COUNTRY)

Mrs Hazel Hefflinger
2239 Gasconade Street.

Wm C Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 19 31

17. The Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

that I last saw him alive on 19....., and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY. yes

WHAT TEST CONFIRMED DIAGNOSIS

J. W. Keenan, M.D.

714 1/2 St. Louis (Address) St. Louis

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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cemetery DATE OF BURIAL July 15, 19 31.

20. UNDERTAKER W. Gebken & Co 784 1/2 ADDRESS Meramec

