

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.

AUG 28 1931

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

Do not use this space.

27373

1. PLACE OF DEATH

County North
Township Glitchall
City Grant City (No. _____)

Registration District No. 903Primary Registration District No. 4545

File No. _____

Registered No. 18

St. _____

Ward _____

2. FULL NAME Sarah Martha Kennedy

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs.

mos. _____

ds. _____

How long in U. S., if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kennedy6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23-1847

7. AGE

YEARS 84MONTHS 5DAYS 13

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lived with daughter

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jacksonville(STATE OR COUNTRY) Ill.10. NAME OF FATHER Samuel Wilson11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio(STATE OR COUNTRY) Kentucky12. MAIDEN NAME OF MOTHER Susan Gilpin13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri(STATE OR COUNTRY) Missouri

14.

INFORMANT Mrs. David Wistner(Address) Grant City, Mo.

15.

FILED 7/71931John A. Anderson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-5 1931

17.

I HEREBY CERTIFY, That I attended deceased from 7-5 1931that I last saw h. _____ alive on _____, 1931, to 7-5 1931, and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Apoplexy
Very sudden
Old age
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Old age

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Autopsy(Signed) F. H. M. M. D.7-7-31 (Address) Grant City, 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 Grant City CemeteryDATE OF BURIAL 7/7 193120. UNDERTAKER Arch C. DumbleADDRESS Grant City

