

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

Do not use this space.

5368

1. PLACE OF DEATH

64 County Marion Registration District No. 547
 Township X Primary Registration District No. 3079
 City Hannibal (No. 501), Willow St. 32 Ward

File No. _____

Registered No. _____

2. FULL NAME Anna Kennedy

(a) Residence, No. 501 Willow St., Willow Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Kennedy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17, 1846</u>		
7. AGE	YEARS	MONTHS
	<u>85</u>	<u>8</u>
		<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Missouri

13. NAME John Northcutt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data 311
no data

15. MAIDEN NAME Catherine Kite

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data
no data

17. INFORMANT Mrs R M Watters
 (ADDRESS) 501 Willow St Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Van dia mo DATE 2/4 32

19. UNDERTAKER Geo. M. Smith
 (ADDRESS) Hannibal mo

20. FILED: 7/3 1932 W. Eugene Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932, to Feb 2 1932

I last saw her alive on Jan 27, 1932 Death is said

to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of the stomach

Date of onset

Other contributory causes of importance:

Name of operation no Date of _____

What test confirmed diagnosis clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. Eugene, M. D.

(Address) Hannibal mo

2005 Smith St

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.

WHILE FADING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 2 1932

