WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

24293

File No. 6410

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis - (No. 4947 Maryland St. ..... Ward)

2. FULL NAME Paul G. Kennedy

(a) Residence, No. 4947 Maryland St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary R. Kennedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5th 1849

7. AGE: 82 YEARS, MONTHS: 7, DAYS: 5. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance
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): Davenport - Iowa

FATHER

13. NAME: William Kennedy -
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): County Antrim Ireland -

MOTHER

15. MAIDEN NAME: Margaret Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): County Antrim Ireland -

17. INFORMANT (ADDRESS): Margaret R. Kennedy - 4947 Maryland

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bellefontaine DATE: July 12, 1932

19. UNDERTAKER (ADDRESS): Wagoner 3621 Olive St.

20. FILED: JUL 11 1932 Max C. [illegible] Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1932

22. I HEREBY CERTIFY That I attended deceased from about 1920, 19..., to July 9, 1932

I last saw him alive on July 9th, 1932. Death is said to have occurred on the date stated above, at 5:25 A.m.

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

	Date of onset
arterio-sclerosis - several years duration	
108	
97 108	

Other contributory causes of importance:

pneumonia, lobar — July 7, 1932

(1)

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) [illegible], M. D.

(Address) 3720 Washington St Louis Mo