

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.

JAN 5 1933

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

Do not use this space.

37078

1. PLACE OF DEATH  
 96 County Solomon Registration District No. 1170  
 Township Richmond No. 2 Primary Registration District No. 624874  
 7 City Richmond No. 2 (No. La. Marys Hospital)  
 7 Registered No. 225  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Veronica Mayaux Kennedy  
 (a) Residence, No. 1411 Gratton St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14 - 1911  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
21 6 21  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kerr's B.C. Co. 255  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 13 1/2  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Solomon Mo.  
 MOTHER 13. NAME John J. Kennedy  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Solomon Mo.  
 15. MAIDEN NAME Hell Cline  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Solomon Mo.  
 17. INFORMANT (ADDRESS) John J. Kennedy 1411 Gratton  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cherry Cre. DATE Nov 10 1932  
 19. UNDERTAKER (ADDRESS) Healy Bros 302 S. Lafayette  
 20. FILED Nov 8 1932 C. R. Johnson Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1932, to Nov 4 1932  
 I last saw him alive on Nov 4 1932 Death is said to have occurred on the date stated above, at 110 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Malignant Hypertension Date of onset \_\_\_\_\_  
Chronic Nephritis \_\_\_\_\_  
Other contributory causes of importance:  
Old abscess in rt. parotid  
 Name of operation Drainage of abscess Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. 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) Cabussella M. D.  
 (Address) 415 Beaumont Bldg

3720 Washington Cir.