MARGIN RESERVED FOR BINDING

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.

JAN 21 1933

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

Do not use this space.

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 38480
Township — Primary Registration District No. — Registered No. 1193
City St Joseph (No. State Hosp. #2 St. Ward)

2. FULL NAME Ada Kendall
(a) Residence, No. Clark County, Mo. Ward. Clark Co Mo
(Usual place of abode) (If nonresident, give city or town and State)
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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1873
7. AGE YEARS 59 MONTHS 8 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Luray Mo

FATHER
13. NAME George Harvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Anna Cedam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Records State Hosp #2 St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gorin DATE Dec 8 1932
19. UNDERTAKER (ADDRESS) Gev. Boskett Gorin, Mo
20. FILED 12-8- 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1923, to Dec 8, 1932
I last saw her alive on Dec 7, 1932. Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Prior to 93C	9/30/32
Other contributory causes of importance: Manic Depressive Psychosis	9/5/19

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Dr. Clifton Smith, M. D.
(Address) State Hospital #2 St Joseph Mo