

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

Do not use this space.

10868  
353

**1. PLACE OF DEATH**

County St. Francois  
Township St. Francois  
City Esther (No. \_\_\_\_\_)

Registration District No. 774  
Primary Registration District No. 00180

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Flora Heta Kennon

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Kennon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 2 1896

7. AGE YEARS 37 MONTHS - DAYS - If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Bollinger Co Mo

13. NAME Robert Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co Mo

15. MAIDEN NAME Melvinia Kaiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co Mo

17. INFORMANT James Kennon (ADDRESS) Esther Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 3-14 33

19. UNDERTAKER Caldwell Bros (ADDRESS) Flat River Mo

20. FILED Mar 20 19 33 W J Bryan Registrar

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 19 33, to Mar 11, 19 33

I last saw her alive on Mar 11, 19 33 Death is said

to have occurred on the date stated above, at 6:45 P.M.

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

Cerebral Meningitis Date of onset Mar 7, 33

1312 / 1313

Other contributory causes of importance:  
fatigue excess, Stitis Media Purulent, Nephritis Chronic

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) J. G. Caldwell, M. D.

(Address) Flat River, Mo.

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.

APR 24 1933

