

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

Do not use this space.

MAY 22 1933

12283

1. PLACE OF DEATH

County Barry
Township Rolph
City (No. _____) _____ St. _____ Ward _____

Registration District No. 30
Primary Registration District No. 5042

File No. _____
Registered No. 27

2. FULL NAME William Monroe Kennedy

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kennedy</u> <u>Vernadoug Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 3, 1877</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>0</u>
	DAYS <u>28</u>	if LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</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) _____	
MOTHER	11. Total time (years) spent in this occupation _____	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Mo</u>	
	13. NAME <u>James Kennedy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
FATHER	15. MAIDEN NAME <u>"</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
	17. INFORMANT <u>Mr. A. J. Payne</u> (ADDRESS) <u>month 10</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel</u> DATE <u>4-2</u> 19 <u>33</u>		
19. UNDERTAKER <u>Callaway</u> (ADDRESS) <u>month 10</u>		
20. FILED <u>4-1-</u> 19 <u>33</u> <u>W. A. West</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18- 1933, to April 1- 1933

I last saw him alive on Mar 30, 1933. Death is said to have occurred on the date stated above, at 10:2 m.

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

Myocarditis
930
1327
930

Date of onset _____

Other contributory causes of importance:

Bright disease

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 _____, 1933

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. H. Ferguson, M. D.

(Address) Month 10, 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.

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